

Name
in
Full

Cora Marion Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

New Cumberland alleg

MARYLAND

Town County
Month Day Years Months Days
Date of death 1909 Sept 12 Age 37 1 —
Sex Female Color or Raca Birth-place
Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed

Married Name of Wife or Husband

Robert Adams

Father's Name

Lute Long

Father's Birthplace

Md

Mother's Maiden Name

Jelly Stottler

Mother's Birthplace

Md

Name of person giving information

R. F. Adams

How related to deceased

Husband

CAUSES OF DEATH

Primary

Typhoid fever

① X

How long

14 days

Immediate

Chancroid

How long

Several days

Are the name, age, sex, color, date and place correctly given above?

Stein,

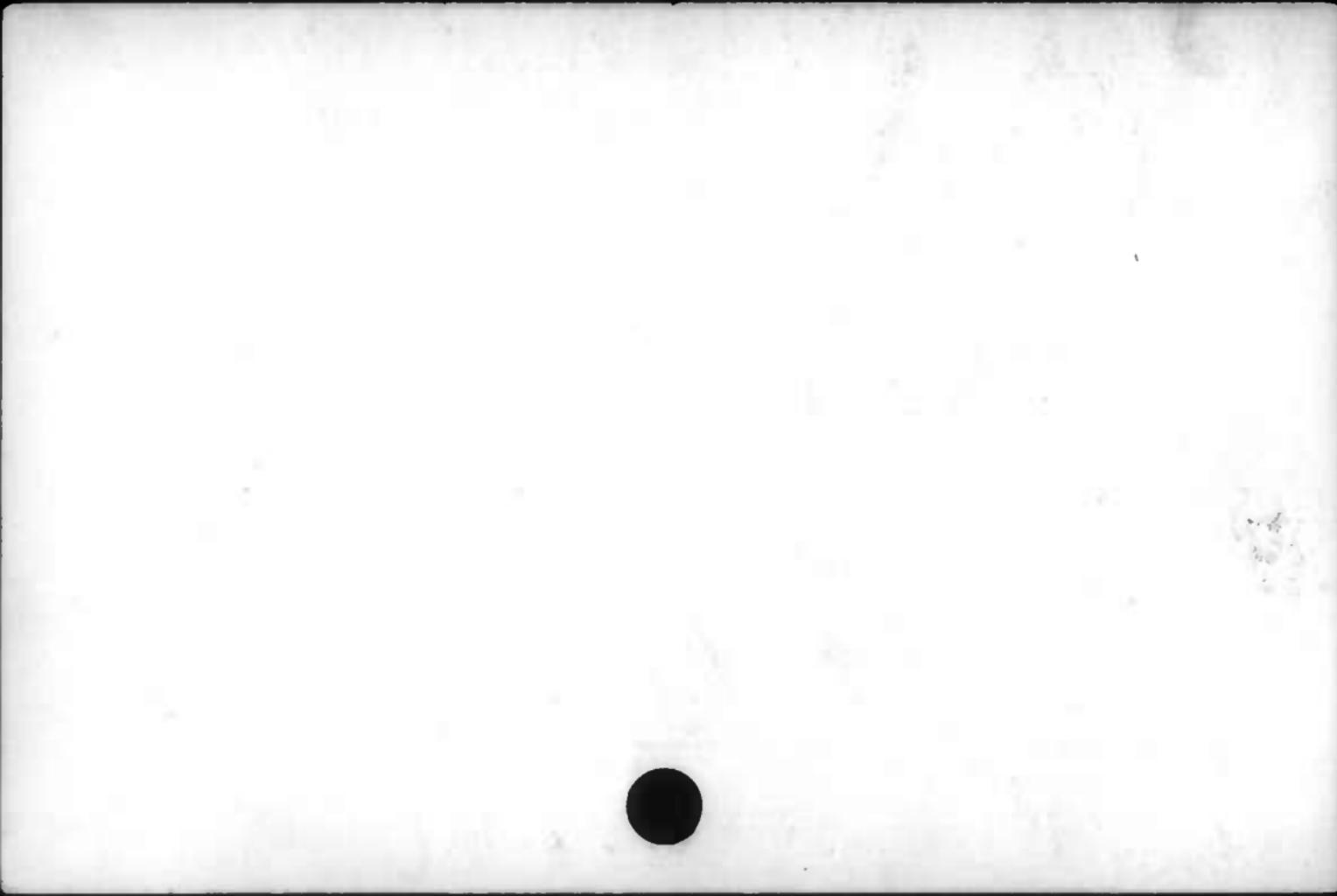
Signature of Physician

Address

J. H. Wilson.
Cumberland
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Henry E Battensfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Elizabethtown, County Maryland
Date of death 1909 Month 9 Day 17 Age 33 Years 3 Months 0 Days
Sex Male Color or Race White Birth-place Elizabethtown
Occupation Merchant Where Residing if not at place of death Elizabethtown
Married, Single or Widowed Married Name of Wife or Husband Agnes Robbins
Father's Name A. H. Battensfield Father's Birthplace Pa
Mother's Maiden Name M. E. Williamson Mother's Birthplace Md
Name of person giving Information D W Robbins How related to deceased Fat son

CAUSES OF DEATH

27

How long

Primary

Tuberculosis

Immediate

Mitral insufficiency

How long

2 weeks

PHYSICIAN
OR CORONER

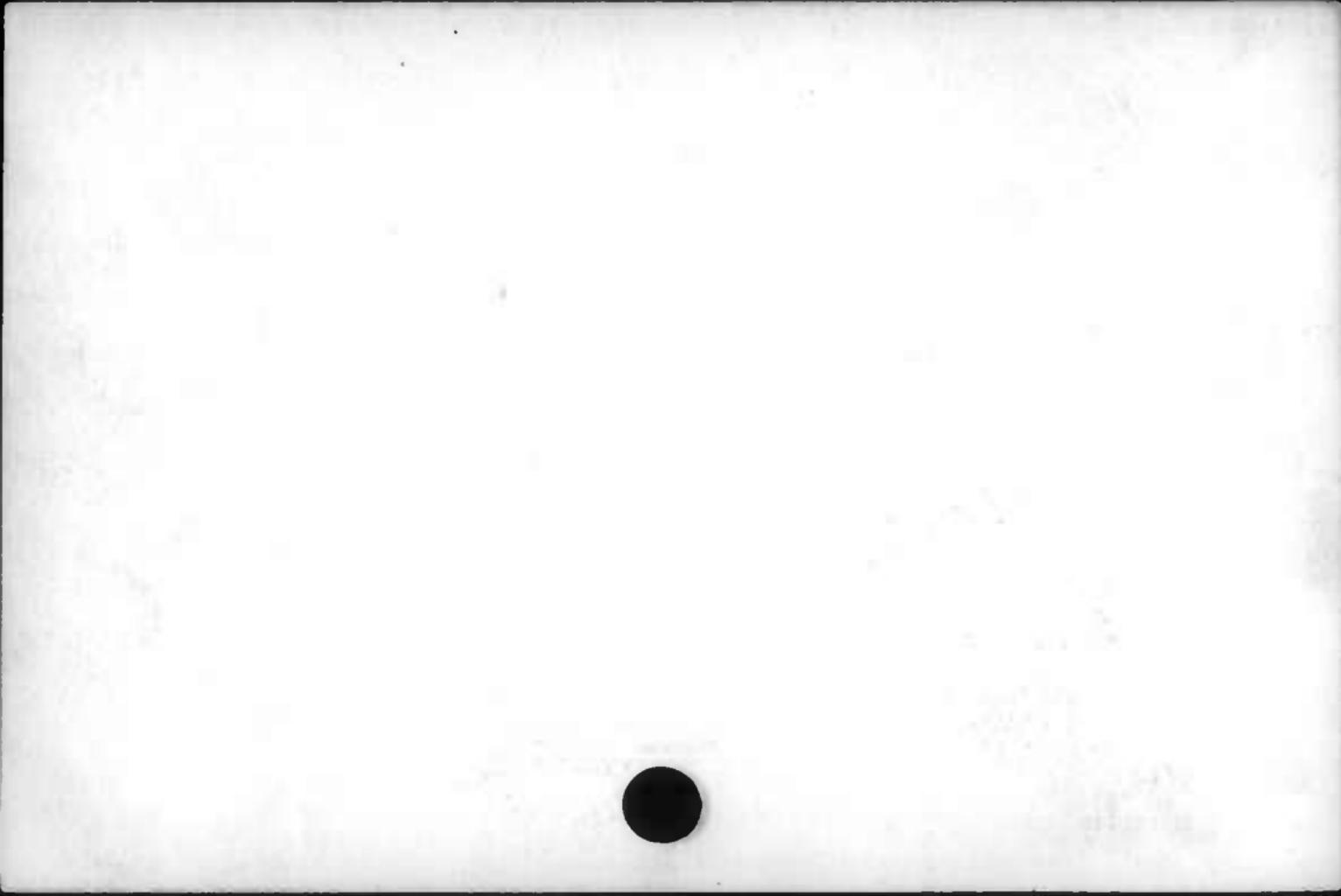
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

A. P. Twiss

JCH Elizabethtown
Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Edna Kay Beckwith
Town County
Cumberland Alleg.
Died at Month Day Years
Date of death 1909 Sept 8 Age —
Sex Female Color or Race Colored
Occupation Birth-place Cudd.

CERTIFICATE OF DEATH

MARYLAND

Days

Married, Single Name of Wife or Husband
or Widowed Single Name

Father's Name Arthur Wright

Father's Birthplace

Md
W. Va
Uncle

Mother's Maiden Name Lola Beckwith

Mother's Birthplace

Name of person giving Information Will Wilson

How related to deceased

CAUSES OF DEATH

Primary

cholera infantum

105

How long

2 mos.
2 wks.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Stan.

Yrs

Surgeon Spangler
104th mechanic

Accident or Suicide



Name
in
Full

Genie Bennett.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Georgetown Hospital Canal Road D.C. County MARYLAND
Date of death 1909, Month Sept. Day 24th Age 16 Years Months Days
Sex Female Color or Race White Birth-place Maryland.
Occupation School Girl Where Residing if not at place of death Canal Road D.C.
Married, Single or Widowed Single Name of Wife or Husband
Father's Name Joseph Meade Father's Birthplace Williamsport M.D.
Mother's Maiden Name Nord Troup Mother's Birthplace Conococheague H.D.
Name of person giving Information H. L. Troup. How related to deceased Uncle.

CAUSES OF DEATH

Primary Typhoid Fever.
Immediate Asthenia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. J. Ready, M.D.

Accident or Suicide

J. G. Hershberger, Sub-Register
Local Board of Health, Williamsport, Maryland PLY CO. 2364

interred by J. F. Kreps.
Undertaker in River-
View Cemetery. Williamsport
Md. Sept. 27th 1904.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ellen Birmingham

Town

County

CERTIFICATE OF DEATH

Died at

Kennard.

Alleg

MARYLAND

Date

of death

1909 Sept

Month

6 Day

Years

Age

78

Months

- Days

Sex

Female

Color or
Race

White

Birth-
place

Ireland

Occupation

Housekeeper

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Daniel Birmingham

Father's
Name

Don't know

Father's
Birthplace

DK

Mother's
Maiden Name

Don't know

Mother's
Birthplace

DK

Name of person giving
Information

John Birmingham

How related
to deceased

Son

CAUSES OF DEATH

154

How long

4 or - day

How long

Primary

General debility due to age

Immediate

Stomach

Are the name, age, sex, color, date
and place correctly given above?

Steve.

Signature of
Physician

Address

Thad. H. Board

Lumberton, N.J.
Kear

Accident or Suicide

Maggie O'Neil Washington Pa
Dawn Birmingham Pitts Pa
Kate " " City.
John " " ?
James " " Washington Pa
Died at 11⁴⁰ at her home
24 Orchard St funeral

Name
in
Full

John T Bucey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909 Sept. 20

Age 52

-

-

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Katie Marvin

Father's
Birthplace

Md.

Father's
Name

Nelly Bucey

Mother's
Maiden Name

Stepi Shaw

Mother's
Birthplace

Md.

Name of person giving
Information

Lillian Smallwood

How related
to deceased

Sister in law

CAUSES OF DEATH

Primary

Carcinoma of Stomach

40

How long

Immediate

Exhaustion

X

10 mo

20

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

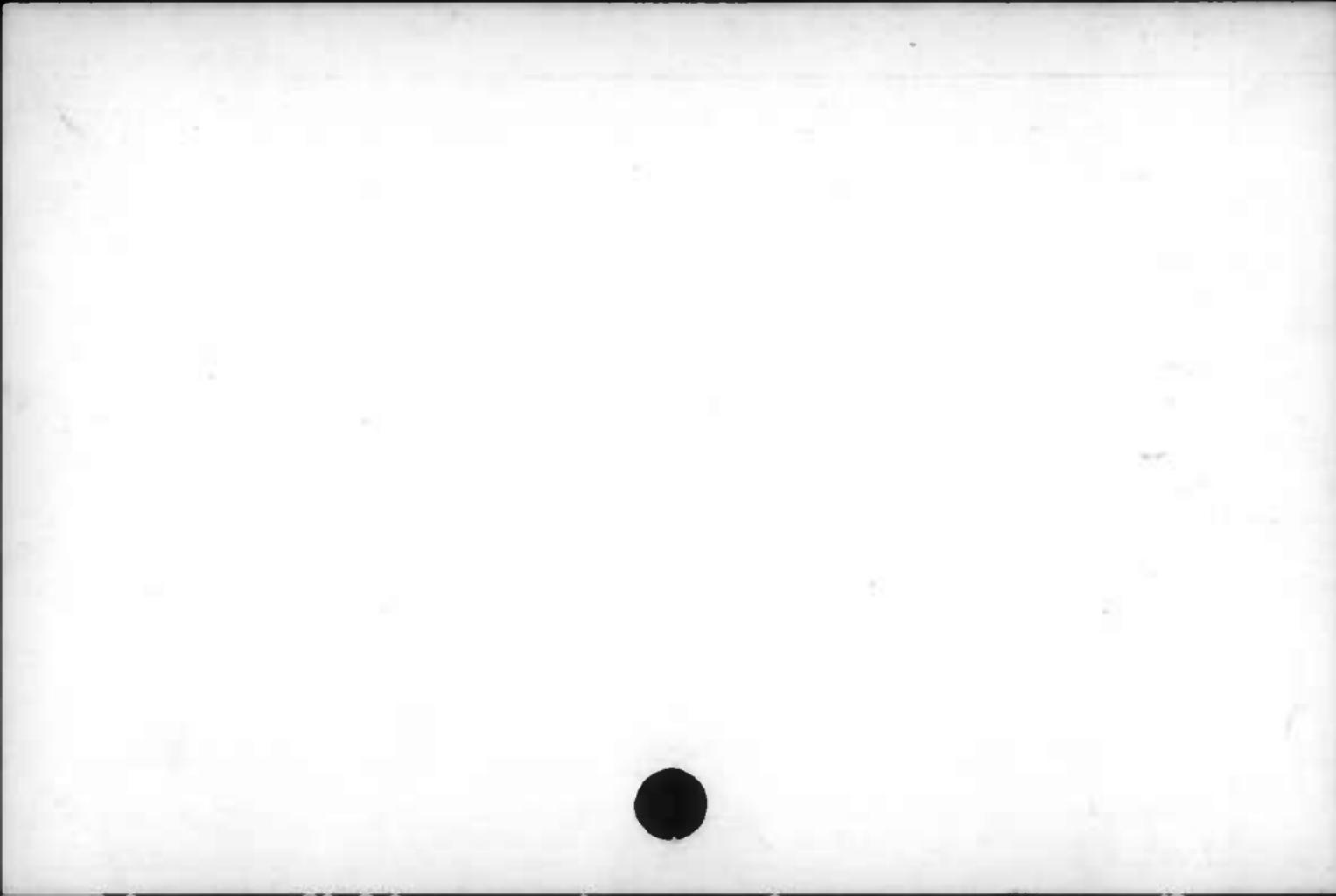
Steve

ye

Gov. Broadway M.D.
Cumberland
Md.

Accident or Suicide

W



Name
in
Full

Sarah. E. Golt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disd at	Town	County	MARYLAND	
Date of death	Month	Year	Months	Days
1909	Sept	6	Age	74
Sex	Color or Raca	Where Residing if not at place of death	Birth-place	
Female	White	Cumberland Md.	Watson town Pa.	
Occupation	Retired Housewife			
Married, Single or Widowed	Name of Wife or Husband	Henry A. Golt.	Father's Birthplace	Penna.
Spouse	Peter Keefer.	Mother's Birthplace	Penna.	
Mother's Maiden Name	Sarah Long.	How related to deceased	Grandson.	
Name of person giving information	H. C. Rich.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apolysis

64

X days

Immediate

Exhaustion

How long

48 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

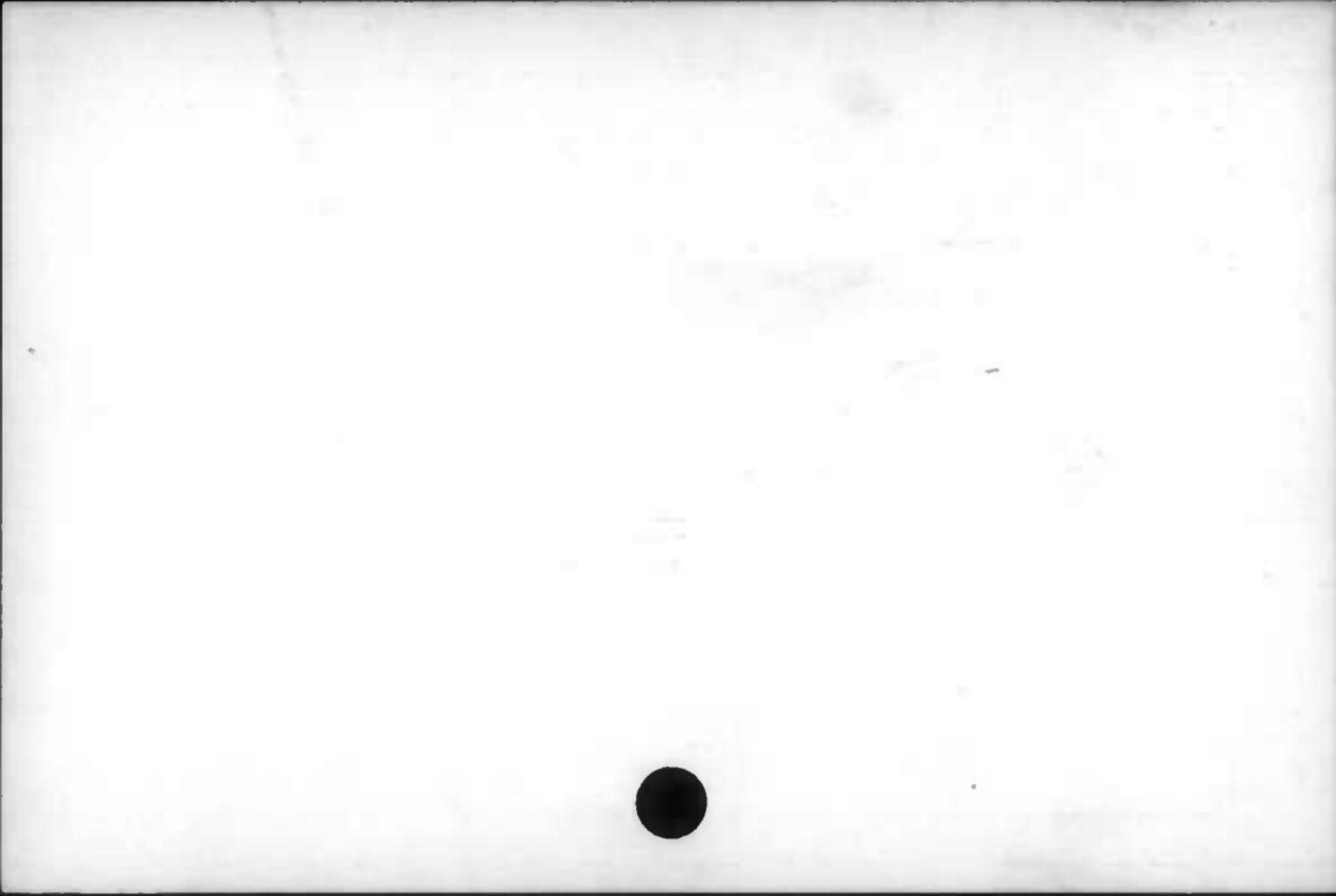
Address

O H Bauer MD

Cumberland
Md

Accident or Suicide

GB.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

C. P. Crawford Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at Cumberland Allegany County

Date of death 1909 Month Sept Day 28 Age 9 Months — Days —

Sex Male Color or Race White Birth-place Ettrick W Va

Occupation Miner Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name C. P. —

Mother's Maiden Name Alpharetta Hines

Name of person giving Information C. P. Crawford

Father's Birthplace Hagerstown

Mother's Birthplace Westoverport

How related to deceased Father

72

X

How long 10 days

How long 24 hours

Signature of Physician

Address

H. F. Tewig
Cumberland

Md

Primary

Fracture Compound Fracture

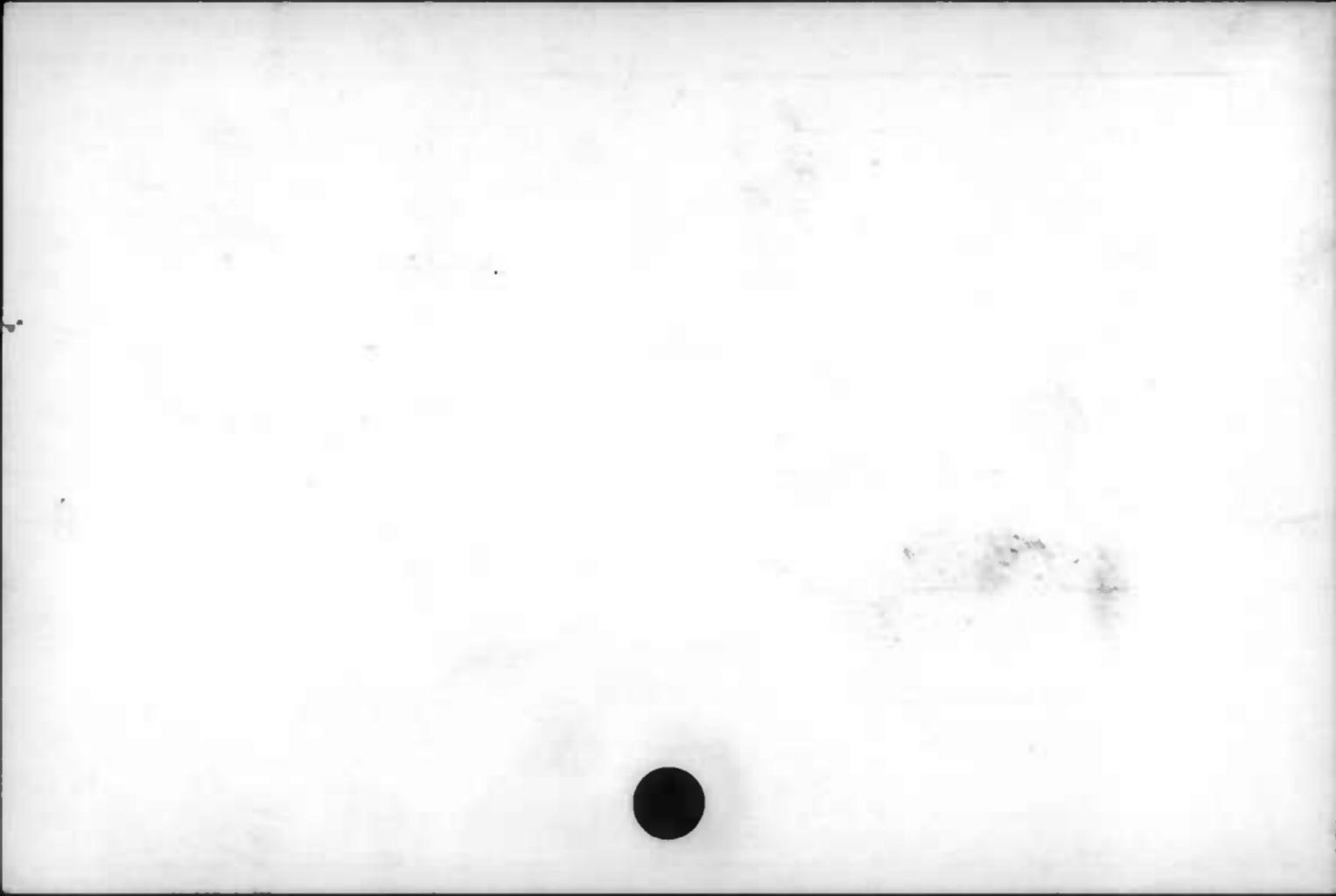
Immediate

Tetanus, Convulsions

Are the name, age, sex, color, date and place correctly given above?

Yes

Accident or Suicide



Name
in
Full

Lena F Davis

CERTIFICATE OF DEATH

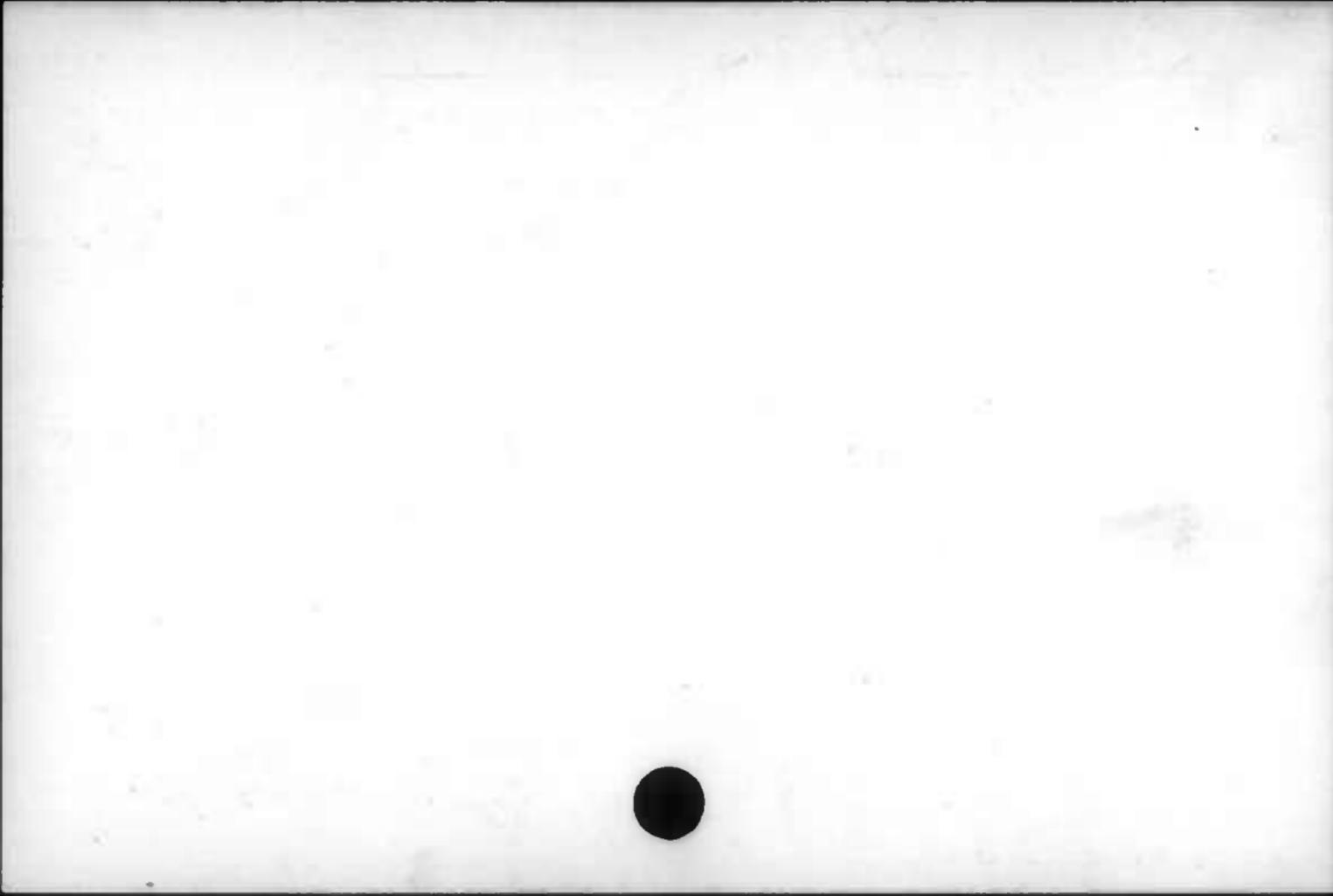
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County				
Died at Cumberland	Allegany				
Date of death 1909	Month Sept	Day 22	Years 23	Months —	Days —
Sex Female	Color or Race White	Birth-place W. Va.			
Occupation House Wife	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Lism Davis				
Father's Name James Blingan	Father's Birthplace Pa				
Mother's Maiden Name Amanda Harned	Mother's Birthplace W. Va.				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

Primary	Ruptured uterus child birth		How long One month
Immediate Peritonitis			How long 4 day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	I L Davis MD
Address	Stein. Cumberland Md		
Accident or Suicide			



Name
in
Full

Certificate of Death
of Mrs L. F. Davis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Cumberland alley

County

Date
of death 1909

Month

Day

Years

Months

Days

Sept. 16

Age

Sex

Female

Color or
Race

White

Birth-
place

Cumberland

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Birthplace

Kayser Ma

Father's
Name

L F Davis

Mother's
Birthplace

Wya

Mother's
Maiden Name

Lena Clingan.

How related
to deceased

Father.

Name of person giving
Information

L F Davis

CAUSES OF DEATH

152

Primary

Prematurity

✓

Immediate

Exhaustion

✓

Are the name, age, sex, color, date
and place correctly given above?

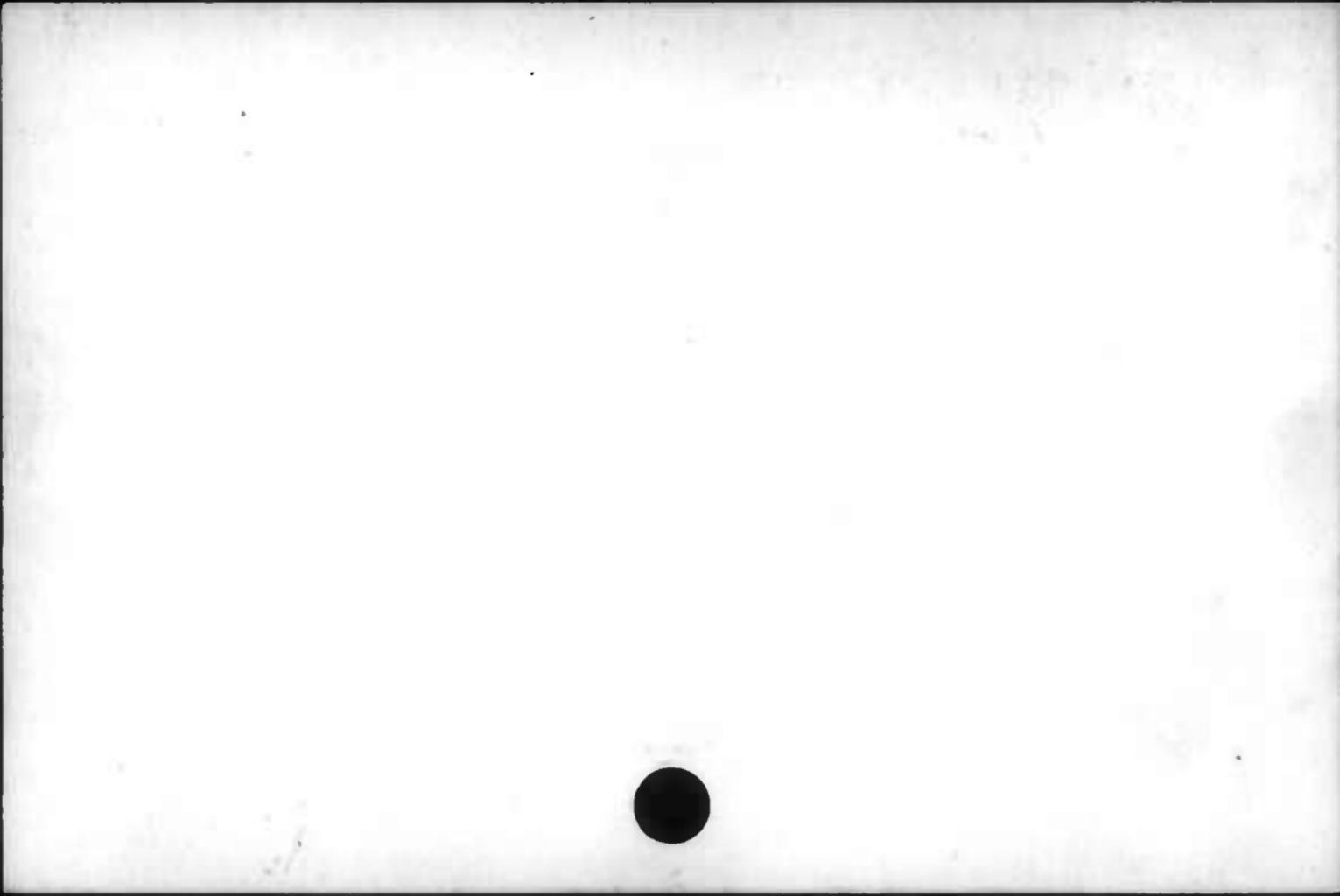
Signature of
Physician

Address

Dr C P Oliver
Cumberland, Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Mary Fannion Donaline

CERTIFICATE OF DEATH

To BE ANSWERED BY NEAREST FRIEND	Died at	Frostburg	Town	allegany	County	MARYLAND		
	Date of death	1909	Month Sept.	Day 20	Age 60	Years	Months —	Days —
	Sex	Female	Color or Race	White	Birth-place	Ireland		
	Occupation	Housewife			Where Residing if not at place of death			
	Married, Single or Widowed	Married	Name of Wife or Husband	William Donaline				
	Father's Name	John Fannion			Father's Birthplace	Ireland		
	Mother's Maiden Name	Anne Kenney			Mother's Birthplace	Ireland		
	Name of person giving Information	William Donaline			How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

120

How long
3 years.

Immediate

Endocarditis

How long
for 2 years.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. A. R. Walker,

Address

Frostburg.

Accident or Suicide? —

City of Co. Cemetery
Catholic

Name
in
Full

Lizzie Duvall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓
PHYSICIAN
OR CORONER

Town	County			
Died at	Allegany		MARYLAND	
Date of death	Month	Day	Years	Month
1909	Sept.	29	Age 21	—
Sex	Color or Race	Birth-place		
Female	white	Md		
Occupation	Where Residing if not at place of death			
Hausewife	None			
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Mother's Birthplace	Virginia
Single	—	Henry Duvall	Va.	
Mother's Maiden Name	Ruth Seaton	Mother's Birthplace	Sister	
Name of person giving Information	Martha Duvall	How related to deceased	9	X

CAUSES OF DEATH

Primary

Laryngeal diphtheria

How long

6 days -
24 hours

Immediate

Asphyxia

How long

Are the name, age, sex, color, date and place correctly given above?

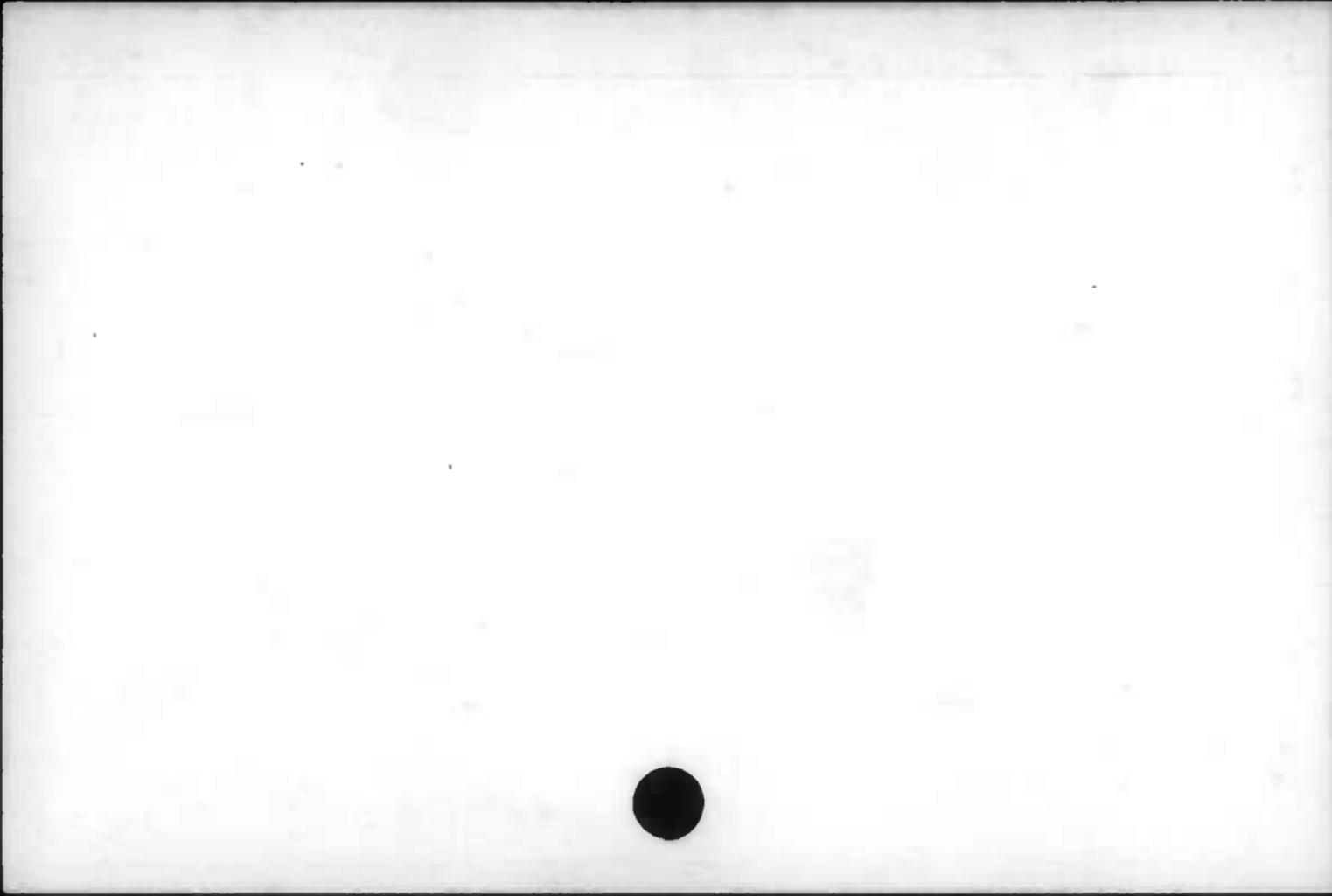
Yes

Signature of Physician

Address

William P. Boardman
109 Virginia Ave
Cumberland, Md.

Accident or Suicide



Name
in
Full

Edmondson, Infants CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

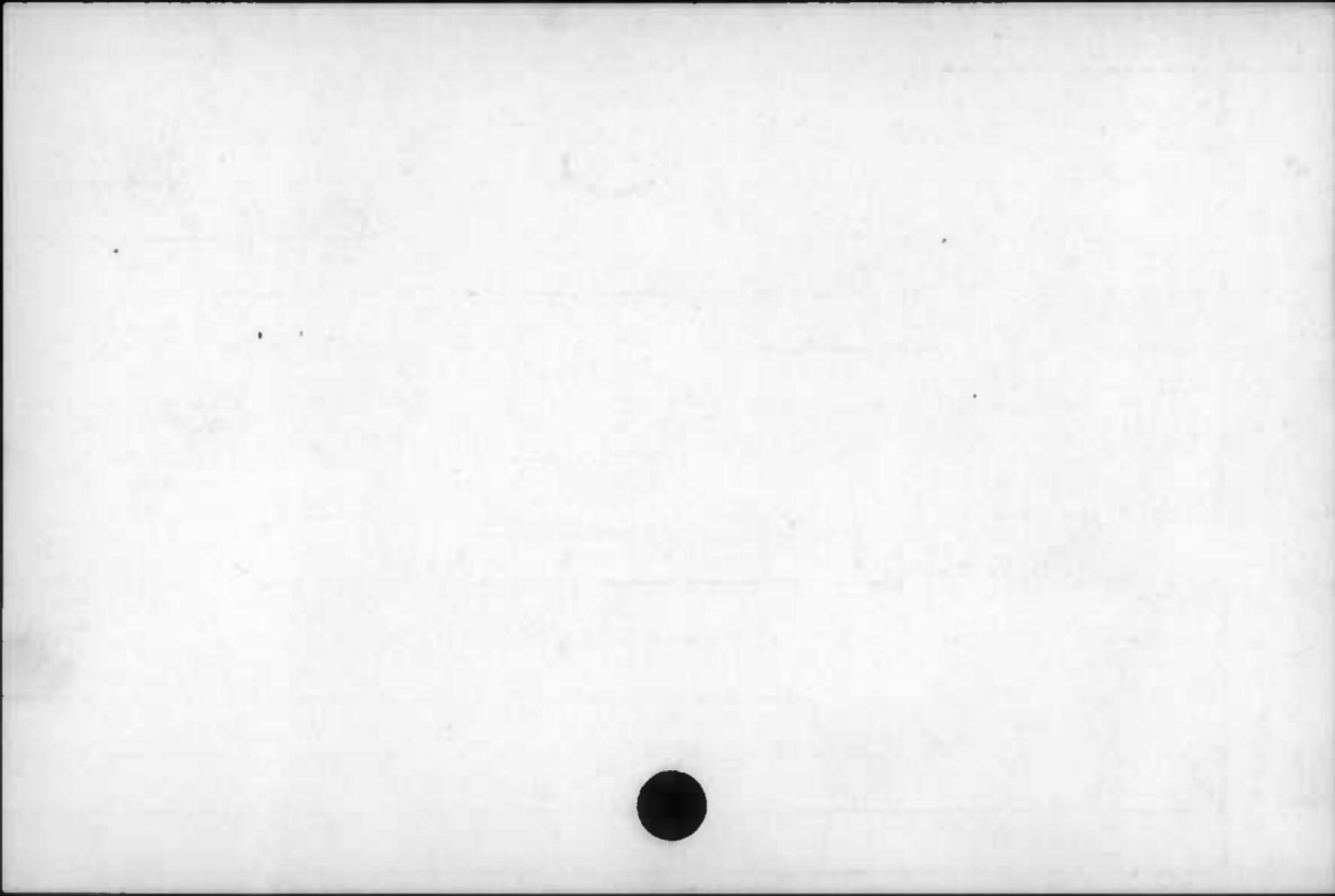
✓
PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Colored	Birth-place	Md.		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Robert Edmondson					Father's Birthplace	W.Va.
Mother's Maiden Name	Anna F. Johnson					Mother's Birthplace	Va
Name of person giving information	Mother					How related to deceased	Mother

CAUSES OF DEATH

152

Primary	Premature Birth. Very weak child, about 1 month old.	How long	Life
Immediate	Exhaustion	How long	2 hr
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L.C. Broadway, M.D.
		Address	Cumberland Maryland
Accident or Suicide?			



Name
in
Full

Michael Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Allegany
Near Cumberland County

MARYLAND

Date Month Day Years Months Days
of death 1909 Sept 14 Age 51 8.

Sex Male

Color or
Race

White

Birth-
place

W. Va

Occupation

Farmer

Where Residing if not
at place of death

—

Married, Single
or Widowad

married

Name of Wife or
Husband

Sidney Evans

Father's
Birthplace

W. Va

Father's
Name

Edward Evans

Mother's
Birthplace

W. Va

Mother's
Maiden Name

Nancy Burges

How related
to deceased

Wife

Name of person giving
Information

Sidney Evans

66

X

How long

3 mo.

Primary

Paralysis

How long

3 mo.

Immediate

Exhaustion.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

J. H. Barksdale.

Address

Cumberland.

PHYSICIAN
OR CORONER

Accident or Suicide

Stein

nd

Name
in
Full

Thomas Fazebaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died at North Branch Allegany
Date Month Day Years Months Days
of death 1909 Sept. 8 Age 13 5 -
Sex male Color or Birth-place
Race White Pa
Occupation None Where Residing if not
at place of death Cresap St.
Married, Single Name of Wife or
or Widowed Single Husband —
Father's Name Thomas Will Fazebaker Father's Birthplace Md.
Mother's Maiden Name Rebecca Green Mother's Birthplace Md.
Name of person giving Information Rebecca Fazebaker How related
Information deceased Mother.

PHYSICIAN
OR CORONER

CAUSES OF DEATH

166

How long

How long

Primary One leg cut off and internal injuries Immediately

Immediate Run over by P&O train

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Stein?
Benton
Accident or Suicide?

Coroner
John J. Dressman

10

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		John	County	MARYLAND			
Date of death	1909	Month Sept	Day 16 th	Age 66	Years 10	Months	Days 22
Sex	Male		Color or Race	Cumberland			
Occupation	Railway Clerk		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Anna L. Feaga			
Father's Name	Philip Feaga			Frederick, Md			
Mother's Maiden Name	Lucy Hoover			Hagerstown			
Name of person giving Information	William J. Feaga			Son			

CAUSES OF DEATH

Primary

Arteriosclerosis

66

X

How long

2 yrs

Immediate

Paralysis & exhaustion

How long

1 mo

Are the name, age, sex, color, date and place correctly given above?

GFB

Signature of Physician

Address

J. H. Feaga,
Cumberland,
Md.PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Geo Yalloway				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	Don't know about 65 yrs				
Occupation	Where Residing if not at place of death	Birth-place	U.S.A.				
Married, Single or Widowed	Name of Wife or Husband	Don't know					
Father's Name	Don't know						
Mother's Maiden Name	Don't know						
Name of person giving Information	Obtained from W.M. Hospital						
Primary	CAUSES OF DEATH						
Immediate	from trimming a corn. Senile Gangrene Exhaustion						
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	142			
			Address	How long 5 weeks			
				How long 3 days			
				W.R. Hodge Cumberland, Md			
Accident or Suicide		Accident					



Name
in
Full

Infant Gates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

Oakland alley

County

Date of death

1909

Month

Sept.

Day

23

Years

—

Months

—

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Birthplace

Pa

Father's
Name

Lloyd Gates

Mother's
Birthplace

Pa

Mother's
Maiden Name

Daisey Gearfass

How related
to deceased

None

Name of person giving
Information

Annie Parsons

How long

Primary

Premature Birth

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

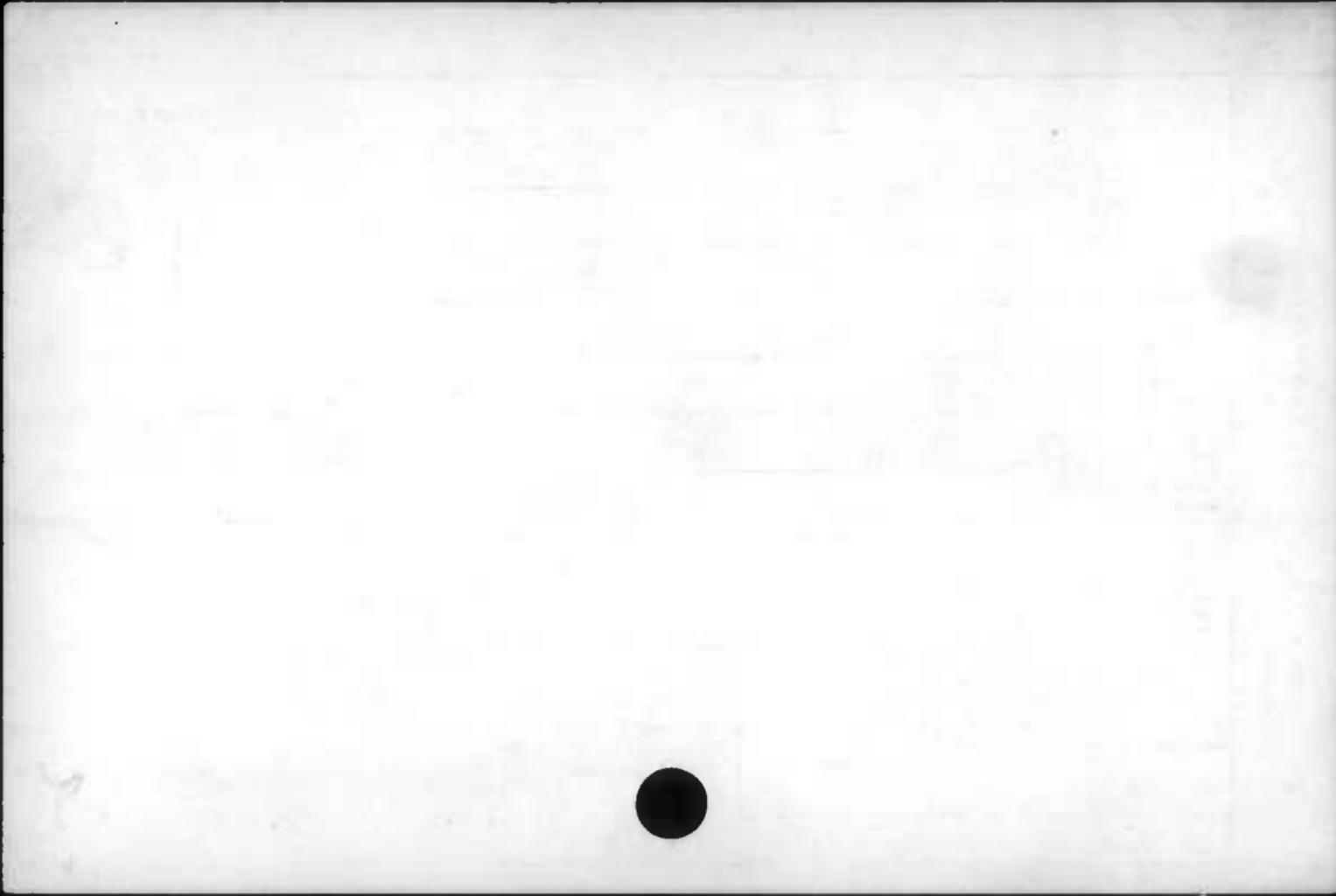
Address

B.B. Clayhook

Oakland

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Infant child of Paul Goldsworthy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County
Died at Lavall	Auglaury
Date of death 1909 Sept 28	Age 0
Month	Year
Sex Male	Color or Race White
Occupation None	Where Residing if not at place of death
Married, Single or Widowed Infant	Name of Wife or Husband
Father's Name Paul Goldsworthy	Father's Birthplace MD
Mother's Maiden Name Sophie Heffrich	Mother's Birthplace NY
Name of person giving Information Paul Goldsworthy	How related to deceased Father

PHYSICIAN
OR CORONER

CAUSES OF DEATH

151

Primary Natural Birth

How long

38 Mo

Immediate Exhaustion

How long

2 hours

Are the name, age, sex, color, date and place correctly given above ?

Signature of Physician

Yes

Address

Accident or Suicide

P. J. S. 1909
Paul Goldsworthy
MD



Name
in
Full

Stanley Karl Green

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Bartons

Town

County

MARYLAND

Date of death

1909

Month

Sept

Day

13

Years

c

Months

c

Days

10

Sex

male

Color or
Race

white

Birth-
place

Allegany Co

Occupation

c

Where Residing if not
at place of death

c

Married, Single
or Widowed

c

Name of Wife or
Husband

c

Father's
Name

Saunon Green

Father's
Birthplace

Garnett Co., Md.

Mother's
Maiden Name

Annie Anderson

Mother's
Birthplace

Belford, Pa.

Name of person giving
Information

Saunon Green

How related
to deceased

father

CAUSES OF DEATH

151

How long

X

How long

ten days

PHYSICIAN
OR CORONER

Primary

Inanition

Immediate

Are the name, age, sex, color, date
and place correctly given above?

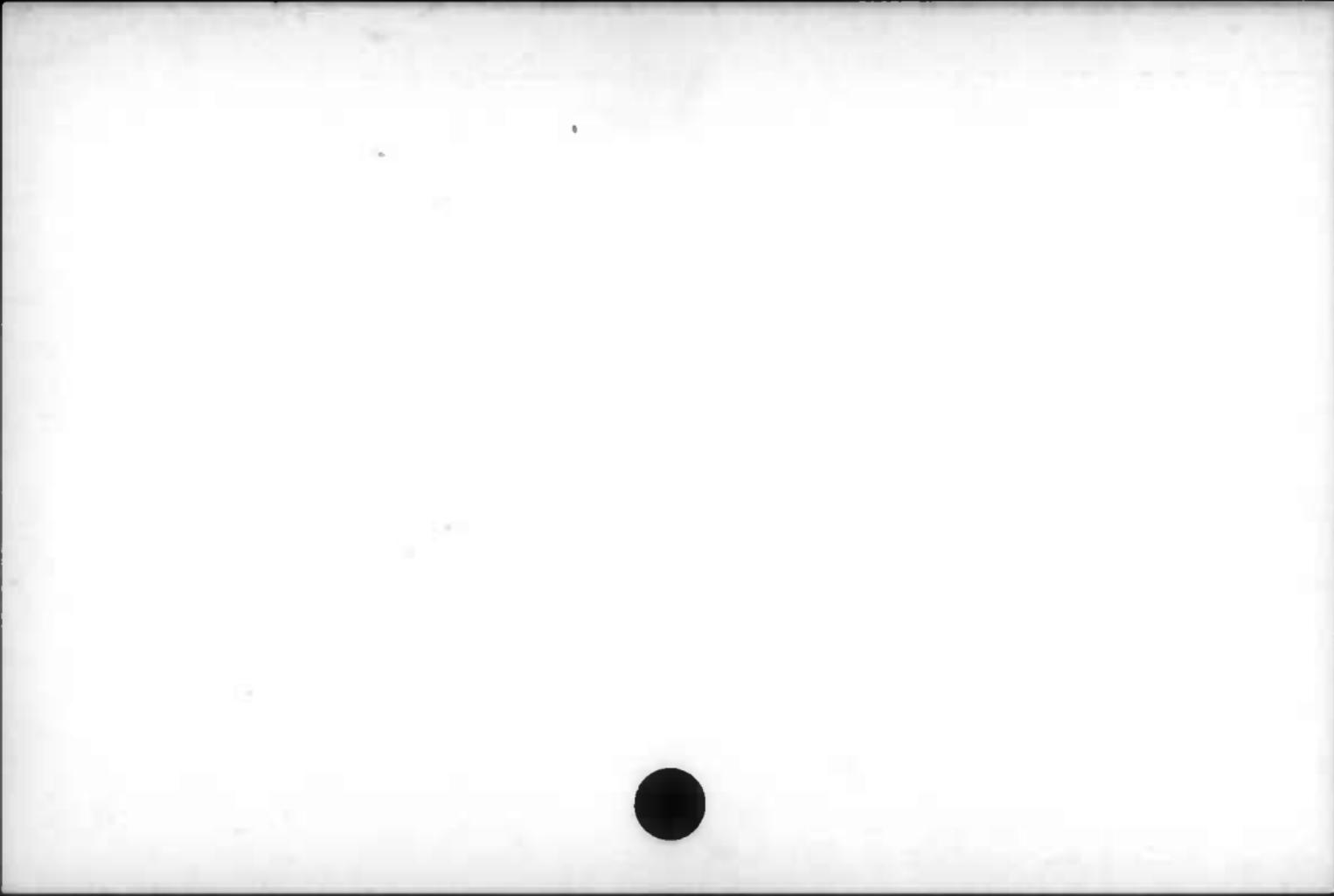
yes

Signature of
Physician

Address

S. A. Boncher

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

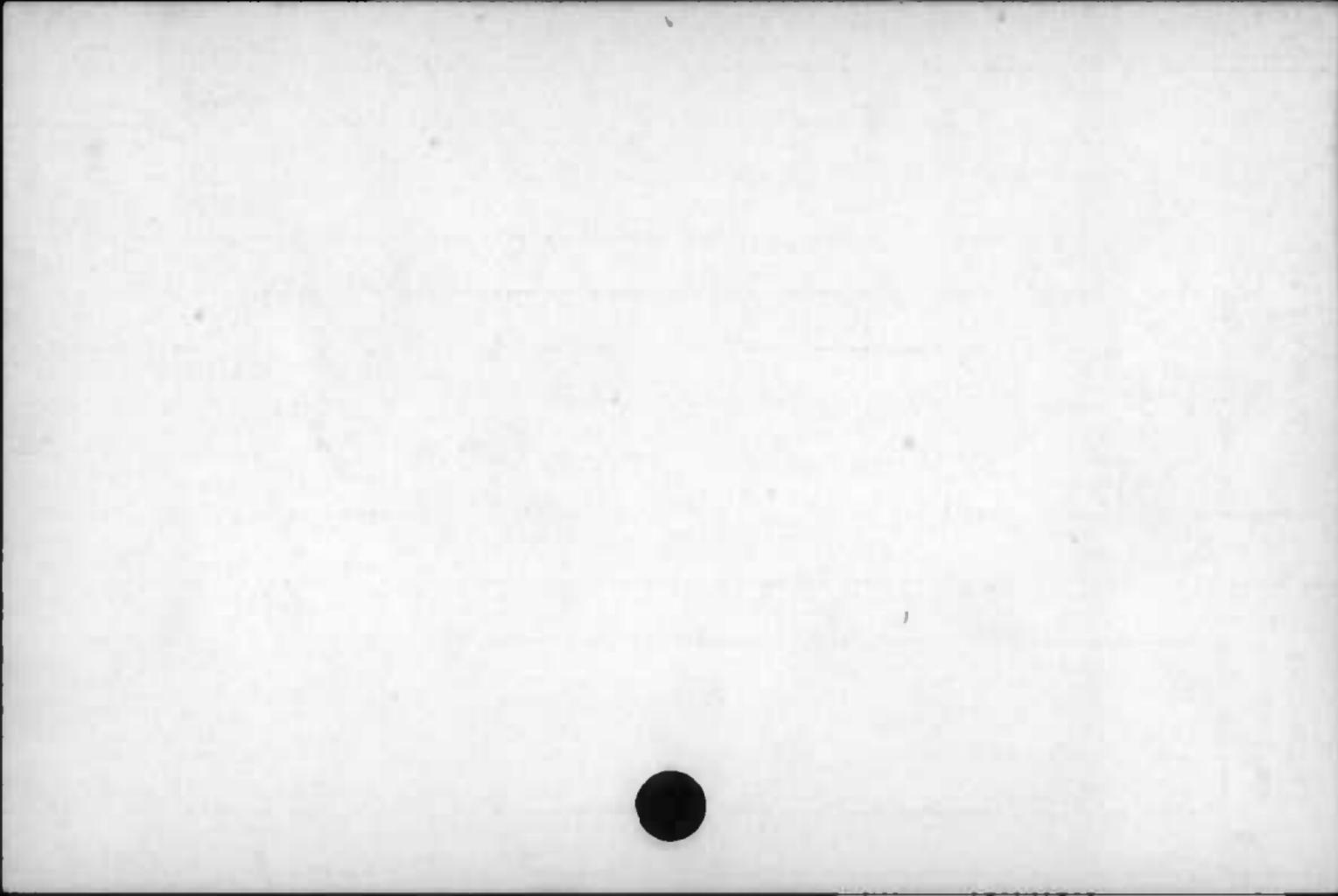
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation		Where Residing if not et place of death				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Arthur Hamilton			Father's Birthplace	Scotland	
Mother's Maiden Name	Annie Allerdice			Mother's Birthplace	"	
Name of person giving Information	Mrs Arthur Hamilton			How related to deceased	Mother,	

CAUSES OF DEATH

164

PHYSICIAN OR CORONER	Primary	Fractured ribs & Compound Fracture of leg	Sudden
	Immediate	Intravital hemorrhage Shock	How long One hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. Q. Skilling, Address Lonaconing,	
Accident or Suicide?		Accident due to face of coal in mine.	



Name
in
Full

Ollie S. Hardinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at **Mount Pleasant** Town **Montgomery** County
Date of death **1909** Month **9** Day **9** Years **Age** Months **7** Days

Sex **Male**
Occupation **None**

Color or Race **White**

Birth-place **Mid**

Married, Single
or Widowed **Single**

Name of Wife or
Husband **None**

Father's Name **W T Hardinger**

Father's Birthplace **Pa**

Mother's Maiden Name **Ocias Trigby**

Mother's Birthplace **Pa**

Name of person giving
Information **W T Hardinger**

Related to deceased
Father



Primary

Fracture

CAUSES OF DEATH

105

Immediate

Asphyxia of heart

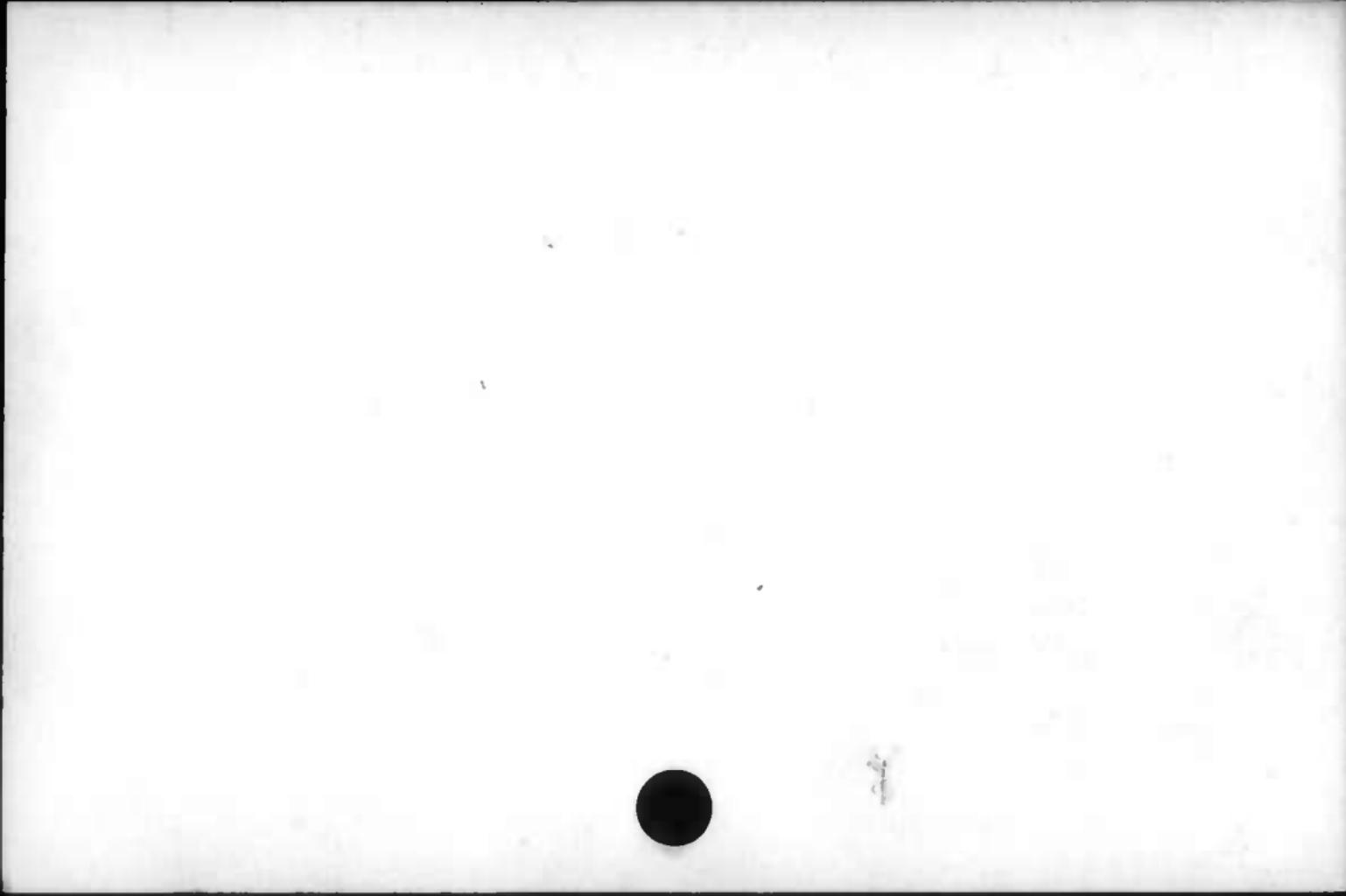
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician **JES**

Address **Montgomery Hospital -
Gaithersburg**

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Lillian L Hinkle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Tow.

Cumberland alleg.

County

MARYLAND

Date
of death

1909

Month

Sept

Day

9

Years

Age

Months

4

Days

20

Sex

Female

Color or
Race

White

Birth-
place

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Jessie H. Hinkle

Father's
Birthplace

WVa

Mother's
Maiden Name

Minnie Ours

Mother's
Birthplace

Wash

Name of person giving
Information

Jesse H. Hinkle

How related
to deceased

Father

CAUSES OF DEATH

Primary

Enteritis

105

Immediate

Exhaustion

X
2 mos.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Thos. M. Faxon

Cumberland

Accident or Suicide

160124

PHYSICIAN
OR CORONER

108 Thomas St.

Name
in
Full

Mary Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Bethelwood

All

Date of death

1908

Month

Day

Years

Sept 29

Age

4

Months

MARYLAND

Days

Sex

Female

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Singh

Name of Wife or
Husband

Father's
Name

Edward Johnson

Father's
Birthplace

Mother's
Maiden Name

Eliza Taylor

Mother's
Birthplace

Name of person giving
Information

Ed Johnson

How related
to deceased

West Va

West Va

Father

Primary

CAUSES OF DEATH

Typhoid fever

①

X

Immediate

pneumonia

2 mds.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Surgeon General
104 St. Mechanics
Hawks

Accident or Suicide

99 Columbia St

Name
in
Full

Konatz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Still Born Town
Died at

County

Date

Month

Day

Years

Months

Days

1909

Sept

4

Age

Sex

male

Color or
Race

white

Birth-
place

Frostburg MD

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

antonio Konatz

Father's
Birthplace

Austria

Mother's
Maiden Name

Matha Bollinger

Mother's
Birthplace

switzerland

Name of person giving
Information

(Mother)

How related
to deceased

mother

CAUSES OF DEATH

Primary

Still Birth

8

X

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

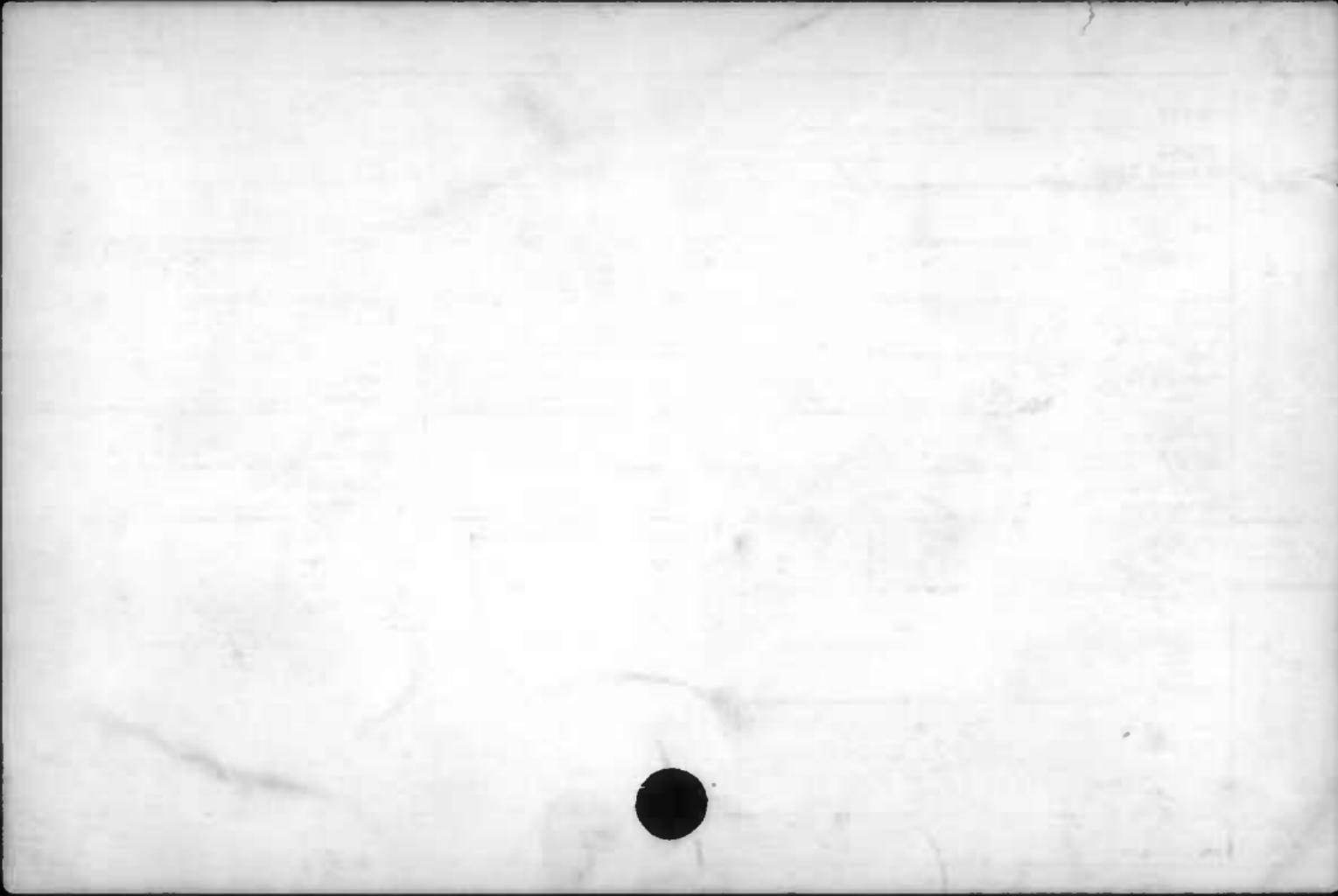
Signature of
Physician

Address

G. L. Livingston M.D.
Frostburg MD

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Jacob Kratz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland Town County Allegany MARYLAND
Date of death 1909 Month Day Years Months Days
1909 Sep 11 53 - -

Sex male Color or Race White Birth-place Baltimore

Occupation

Insurance agent

Where Residing if not
at place of death

Baltimore

Married, Single
or Widowed

Married Name of Wife or
Husband

Annie Kratz

Father's
Birthplace

Germany

Father's
Name

John Kratz

Mother's
Maiden Name

catherine Schwartz

Mother's
Birthplace

Germany

Name of person giving
Information

Annie Kratz

How related
to deceased

Wife

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

(64)

X

3 hours

Immediate

Pressure from hemorrhage

How long

3 hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W. R. Hodges M.D.

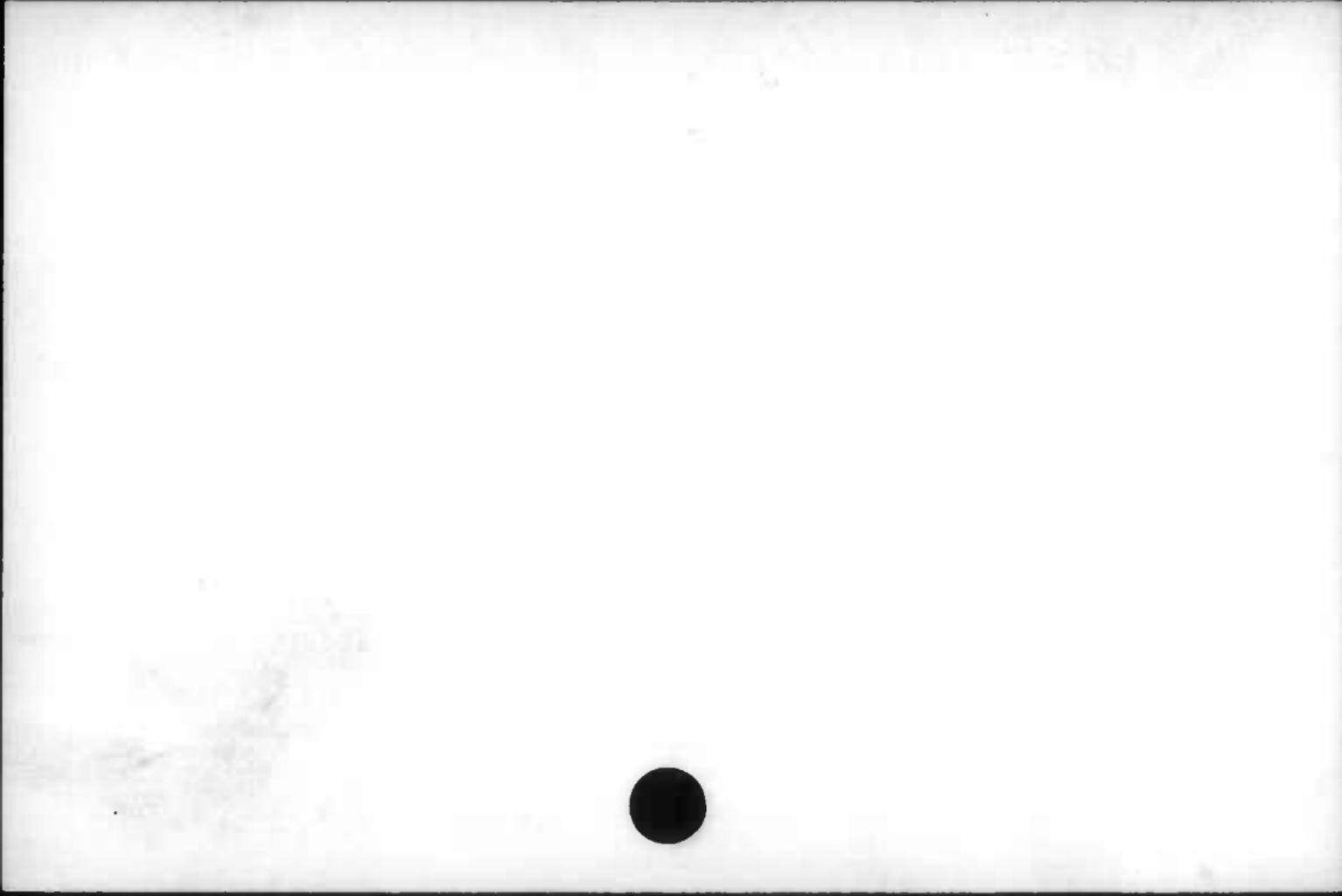
Cumberland, Md.

Stein



Accident or Suicide

Batto



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Still born Child of Harmon Lashbaugh h
Town Allegany County Allegany

CERTIFICATE OF DEATH

MARYLAND

Died at

Allegany

Date
of death 1909

Month

Day

Years

Months

Days

27

Age

Sex

Color or
Race

91.

Birth-
place

md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Harmon Lashbaugh h

Father's
Birthplace

Mother's
Maiden Name

Julia A. Rorty

Mother's
Birthplace

Name of person giving
information

Julia A. Lashbaugh

How related
to deceased

md
md
Mother

CAUSES OF DEATH

8

How long

How long

Primary

Still born

Immediate

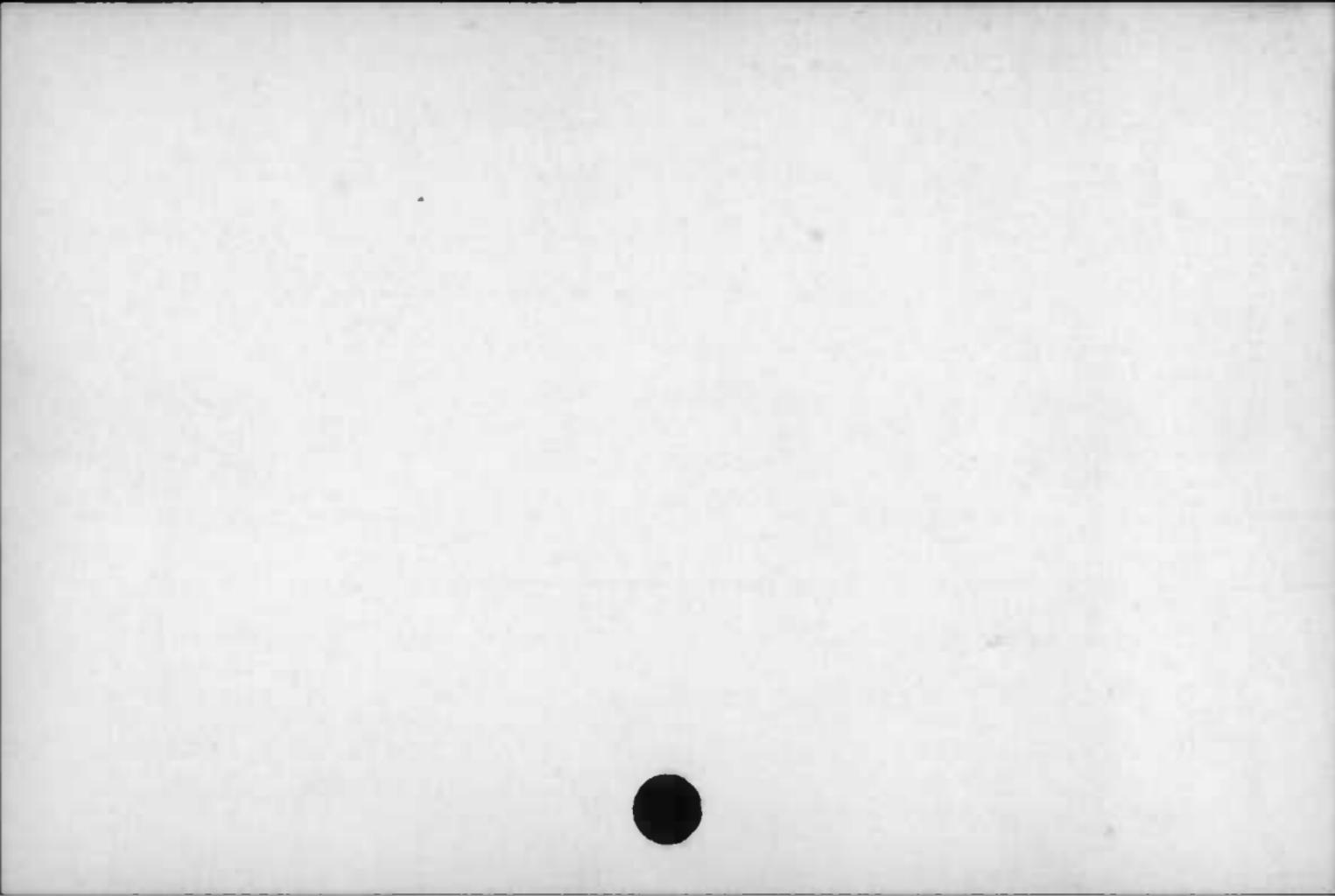
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. Wm Lane
Wm Lane

Accident or Suicide?



Name
in
Full

George Robert Fashley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Port Savage	allegany			
Date of death	1909 September	Month	Day	Years	Month
Sex	Male	Age	14		Days
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wayne Fashley				
Mother's Maiden Name	Tabell Lysich				
Name of person giving Information	Wayne Fashley				

105

How long

3 weeks

How long

3 days

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

Immediate

Exhaust

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

F. Alan G. Murray
MD
Port Savage
Md

Accident or Suicide



Name
in
Full

Elizabeth Sampson Lee

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	John C. Sampson		
Mother's Maiden Name	Mary Jane Jennings		
Name of person giving information	Mrs. C. Sampson		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Respiratory
Champseia

138

How long

a few weeks

Immediate

Convulsions

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Jacob Hahn.
Guthrie
County

Name
in
Full

George Meister

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	own town	County	MARYLAND
Date of death	Month	Day	Month
1909	Sept	21	—
Age	Years	Days	—
Sex	Color or Race	Birth-place	—
Occupation	Male	White	Md
Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	None
Father's Name	Geo Meister	Father's Birthplace	Germany
Mother's Maiden Name	Catherine Foster	Mother's Birthplace	Germany
Name of person giving Information	Conrad Meister	How related to deceased	Sbro.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Uremia

120

How long

Unknown

Immediate

Exhaustion

How long

18 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

yes

W. R. Hodges
Cumberland, Md.

Accident or Suicide

Rose Snyder Glenwood Pa
Mary Sauer Bradford Pa
Katie Burkman City ~~Pa~~
Margret Reith "
John J Conrad "

Name
in
Full

Mary J. R. Metzger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County MARYLAND
Died at Cumberland Maryland Months Days
Date of death 1909 Month Day Age Years Months Days
Sex Female Color or Race White Birth-place Pa
Occupation Housewife Where Residing if not at place of death Cumberland
Married, Single or Widowed Married Name of Wife or Husband Conrad Metzger
Father's Name Broermann Shirley Father's Birthplace Pa
Mother's Maiden Name Rachel Lamahn Mother's Birthplace Pa
Name of person giving Information Conrad Metzger How related to deceased Husband

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Typhoid Fever

① X

How long

Immediate

Hemorrhage Edema 3 days

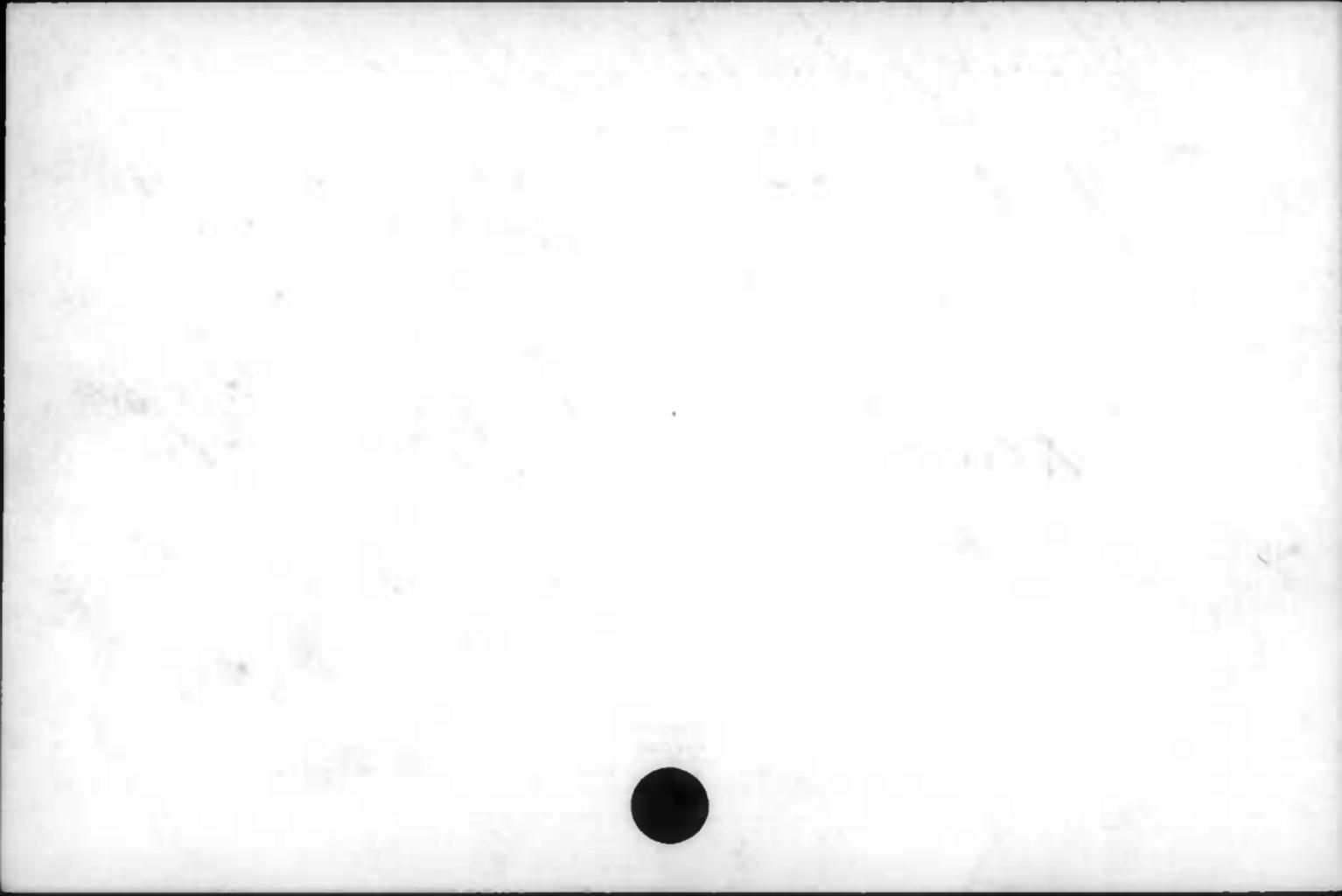
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.W.

Accident or Suicide



Name
in
Full

Agnus E. Muir

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1909	Sep	12	6 13
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Sawyer Muir	Father's Birthplace	Ind
Mother's Maiden Name	Nicola S. Willson	Mother's Birthplace	Mod York
Name of person giving information	Sawyer Muir	How related to deceased	Daughter

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Gastr-Esophag-

How long

One month

Immediate

Pneumonia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

J. J. H. C

Eckhart

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Eugene Victor Nippenberg

CERTIFICATE OF DEATH

MARYLAND

Died at Lonaconing

County

Alleghany

Date of death 1909 Month Sep Day 1

Years

Months

Age 1

3

Days 7

Sex Male

Color or Race

white

Birth-place

Lonaconing

Occupation none

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

Fred Nippenberg

Father's Birthplace

Lawn

Mother's
Maiden Name

Maria Ditchard

Mother's Birthplace

Lonaconing -

Name of person giving
Information

Frank Nippenberg

How related
to deceased

Father

CAUSES OF DEATH

Primary

Inhalated Octagon soap powder,

88

X

How long

- Short time - ~~one minute~~

Immediate

Sore Throat - Bronchitis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

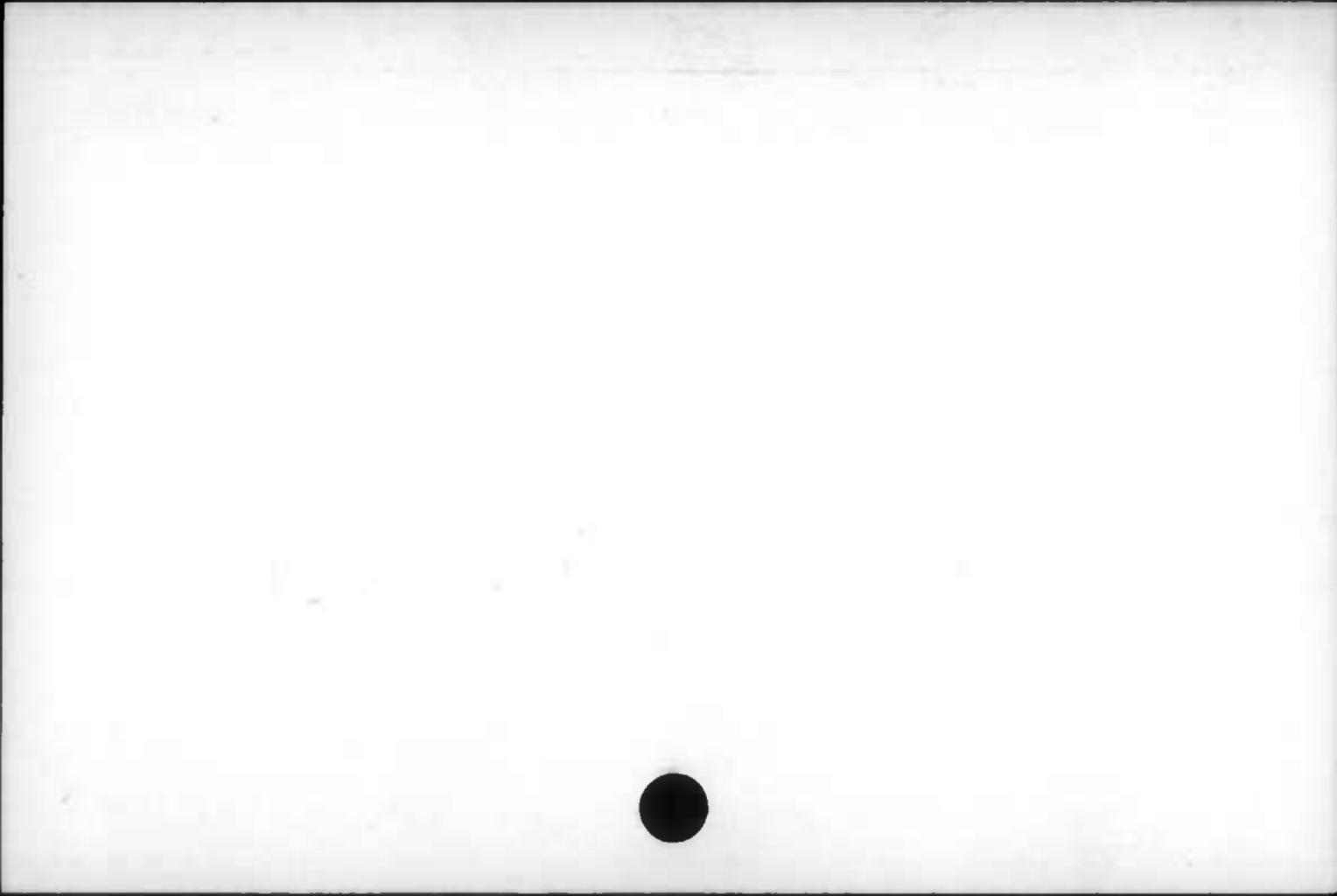
yes

Signature of
Physician

Address

James O. Bullock
Lonaconing Maryland

Accident ~~Scallop~~



Name
in
Full

Still born child of John O'Malley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Frostburg

County

Allegany

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909

9

16

Age

Still born

-

Sex

m.

Color or
Race

w.

Birth-
place

Md

Occupation

-

Where Residing if not
at place of death

-

Married, Single
or Widowed

-

Name of Wife or
Husband

Father's
Birthplace

Md

Father's
Name

John O'Malley

Mother's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Brodenick

How related
to deceased

mochu-

Name of person giving
Information

Elizabeth O'Malley

CAUSES OF DEATH

8

How long

y

How long

Primary

still born -

Immediate

still born -

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. H. O'Malley

Frostburg Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Glenn Roland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Town County
Date Month Day Years Months Days
of death 1909 9 17 Age 6

MARYLAND

Sex Male

Color or
Race

White

Birth-
place

Flintstone

Married, Single
or Widowed

Name of Wife or
Husband

John Roland

Father's
Birthplace

Pa

Father's
Name

John Roland

md
Father

Mother's
Maiden Name

Nella Robbins

Mother's
Birthplace

Name of person giving
Information

John Roland

How related
to deceased

CAUSES OF DEATH

Primary

Streptococci infection of eye

146

How long

Immediate

Genostitis

How long

Are the name, age, sex, color, date
and place correctly given above?

Sépticemia

3 day

1 week

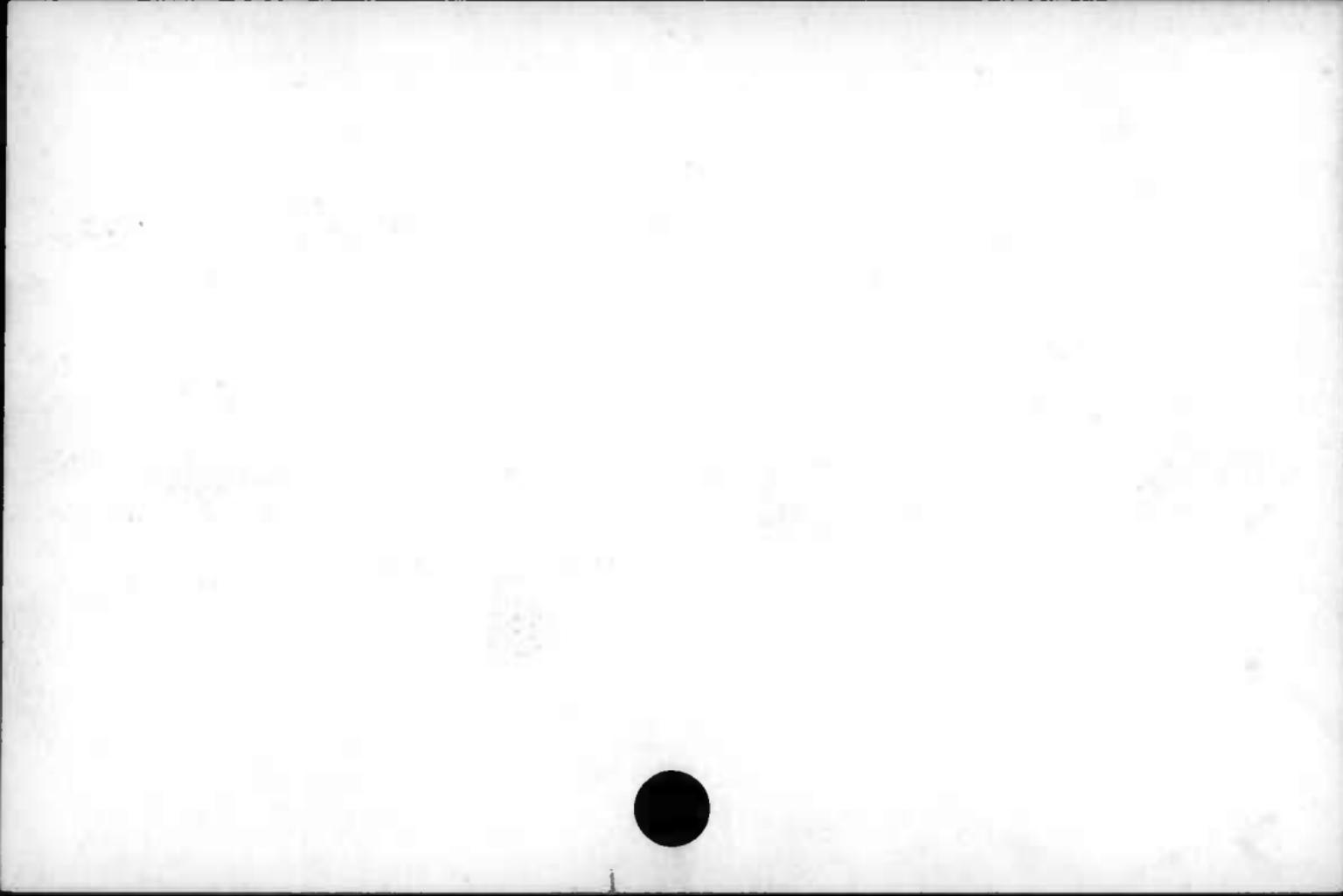
Signature of
Physician

Address

R. L. Franklin
Lumberland
Md

Accident or Suicide

Flintstone



Name
in
Full

Gertrude E. Schaidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Cumberland		County	alleg.	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age 26.		
Occupation	Housewife				
Married, Single or Widowed	Married		Name of Wife or Husband	Leander Schaidt.	
Father's Name	Anthony Shriver.				
Mother's Maiden Name	Mary Kerley				
Name of person giving Information	Leander Schaidt				

Father's Birthplace Pa.
Mother's Birthplace Germany.
How related to deceased Husband

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

4 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician

Address

Steel.

Accident or Suicide

TB clay hook
Cumberland Md



Name
in
Full

Regena Elizabeth Sedars

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Cumberland

Alleg.

Date of death

Month

Day

Years

Month

Days

Sept 24

Age

1

1

—

Sex

Color or
Race

White

Birth-
place

Md

Occupation

name

Where Residing if not
at place of death

Married, Single
or Widowed

Singl

Name of Wife or
Husband

—

Father's
Name

John Sedars

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth McKinzie

Mother's
Birthplace

Md

Name of person giving
Information

John Sedars

How related
to deceased

Father

Primary

Gastro Enteritis

105

X 8 days

Immediate

Cerebral meningitis

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

C L Dowers M.D.

Cumberland

Steve.

Cowers

Md

Accident or Suicide

20 Penn Ave

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jacob Hunter Shinholz

Town

County

Died at

Cumberland accy

Month

Day

Years

Date
of death

1909 Sept 12

Age

48

Month

4

Days

-

Sex

Male

Color or
Race

White

Birth-
place

Va

Occupation

Cooper

Where residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Lulu

Father's
Name

Samuel Shinholz

Father's
Birthplace

Va

Mother's
Maiden Name

Hannah Foreman

Mother's
Birthplace

Va

Name of person giving
Information

Lulu Shinholz

How related
to deceased

wife

CAUSES OF DEATH

Primary

Organic heart disease

79

How long

Several years

Immediate

Acute cardiac dilatation

How long

One hour

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. H. Wilson.

Address

Cumberland
Md.

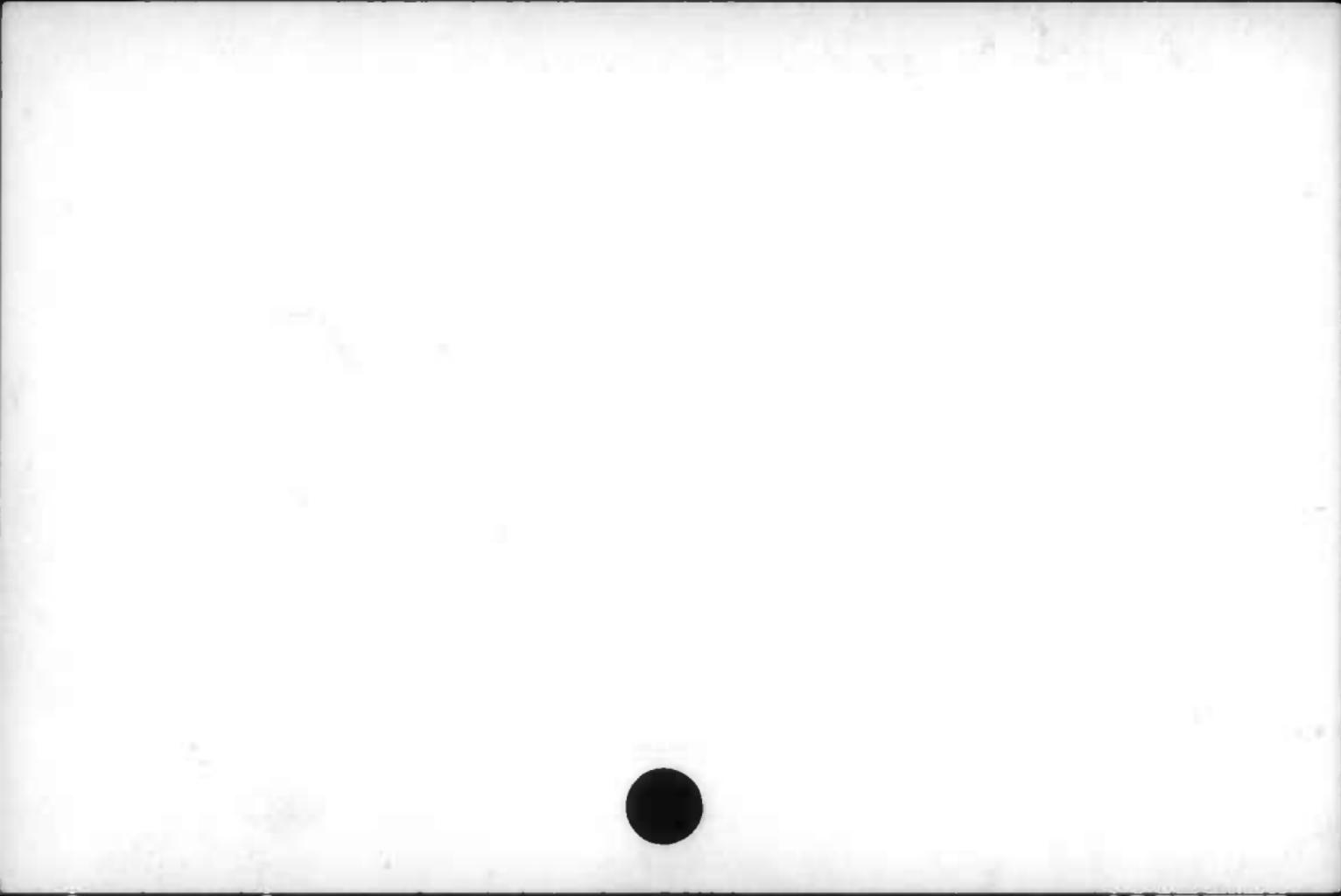
Stein

• Accident or Suicide

CERTIFICATE OF DEATH

MARYLAND

OFFICE SUPPLY CO., 2284



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

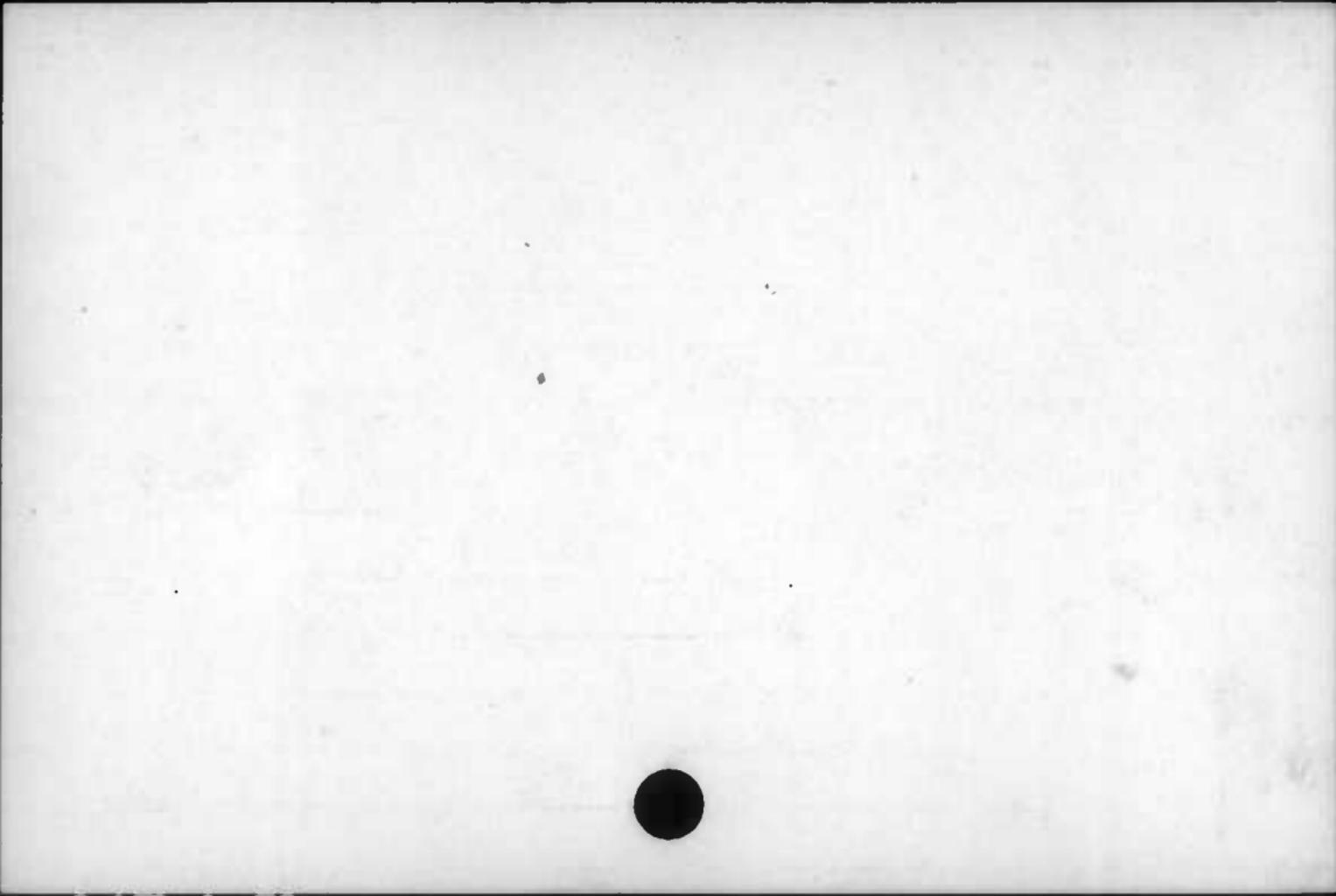
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month Sept.	Day 14	Age	Months	Days
Sex	Female	Color or Race	Black	Birth-place	Stillborn Maryland	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Singl	Name of Wife or Husband				
Father's Name	Walter Smith		Father's Birthplace	Va.		
Mother's Maiden Name	Clara Long		Mother's Birthplace	Md		
Name of person giving information	Clara Smith		How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born	(8) X	Full term
Immediate		How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. R. Hodge
		Address	Cumberland, Md.
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John W Stevens
Town County CERTIFICATE OF DEATH
Died at Ramlings rd MARYLAND

Date of death 1909 Month 9 Day 13 Years 17 Months 1 Days 5th
Sex Male Color or Race white Birth-place Springs Pa

Occupation Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

clown

Father's Name

John Stevens

Father's
Birthplace

Springs Pa

Mother's
Maiden Name

Rebecca Kiefer

Mother's
Birthplace

Springs Pa

Name of person giving
Information

G.T. Blawieh

How related
to deceased

clown

CAUSES OF DEATH

Primary

Body was ground into small fragments under train

166

How long

Immediate

Pow over by B40 Ht. 2

A

How long

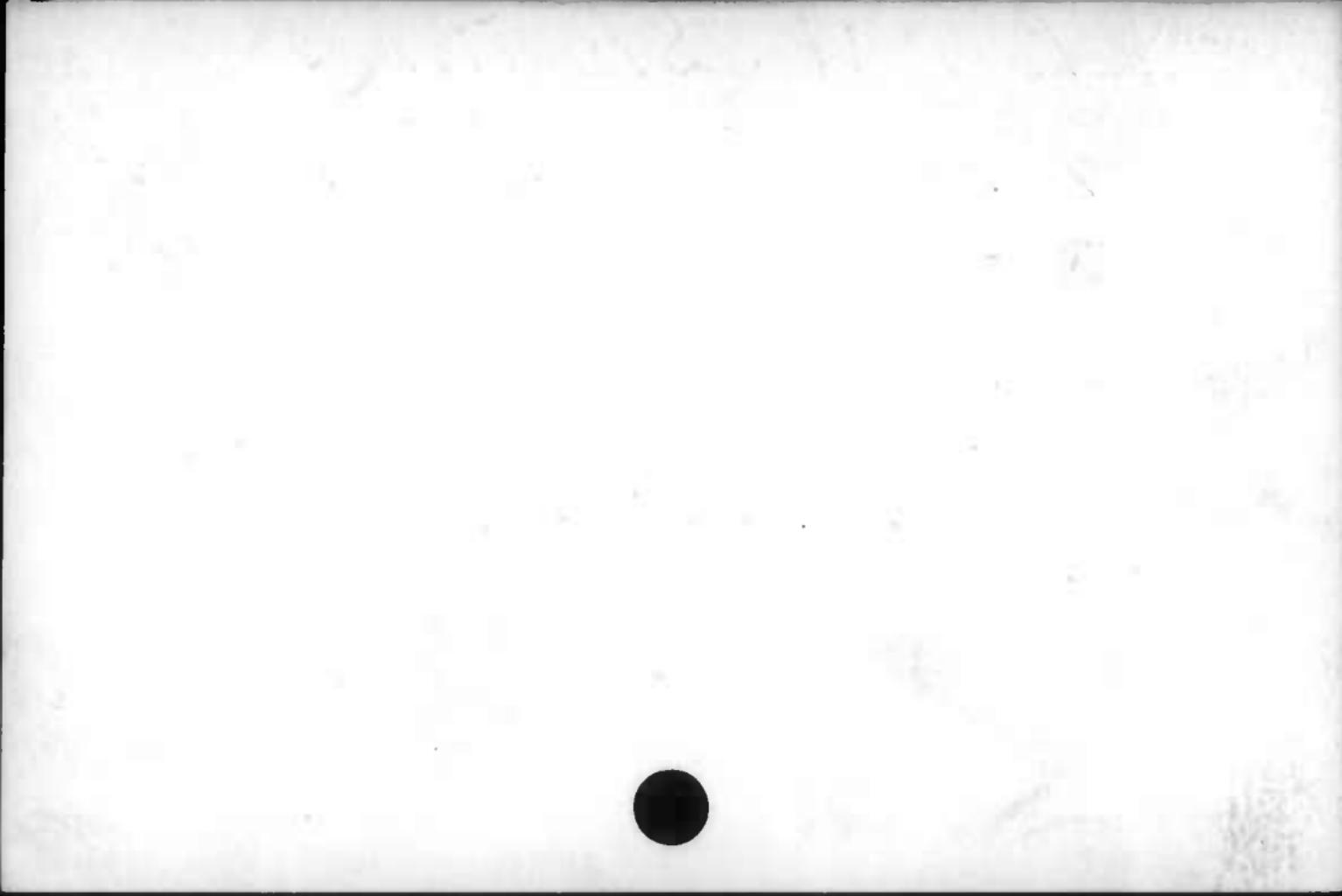
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Coroner
John J. Oresman

Accident or Suicide



Name
in
Full

Anna Catharine Strube

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Age
Sex	Color or Race	Years	Months
Occupation	Where Residing if not at place of death	Days	Birthplace
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Christopher Strube	Father's Birthplace	Germany
Mother's Maiden Name	Elizabeth Roeder	Mother's Birthplace	Germany
Name of person giving Information	J. C. Yungerman	How related to deceased	Brother in Law
CAUSES OF DEATH			
Primary	Congestion of lung & ulcerated Bowel Ulcerated Bowel Granular heart failure		
Immediate	Hemorrhage & subsequent 3 days		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. L. Livingstone, M.D.
		Address	Frostburg Md

PHYSICIAN
OR CORONER

Primary

Congestion of lung & ulcerated Bowel Ulcerated Bowel Granular heart failure

long Con of lung 4 days

How long

Immediate

Hemorrhage & subsequent 3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

G. L. Livingstone, M.D.

Address

Accident or Suicide

J. F.
alex.

Name
in
Full

Mrs Christina Elizabeth Tribut

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	69	10	19
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Bartow			
Father's Name	August Tribut,				
Mother's Maiden Name	Germany.				
Name of person giving information	Son -				
CAUSES OF DEATH					
Primary	Cardiac weakness			How long	18D
Immediate	General Anesthesia			How long	One year

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes.

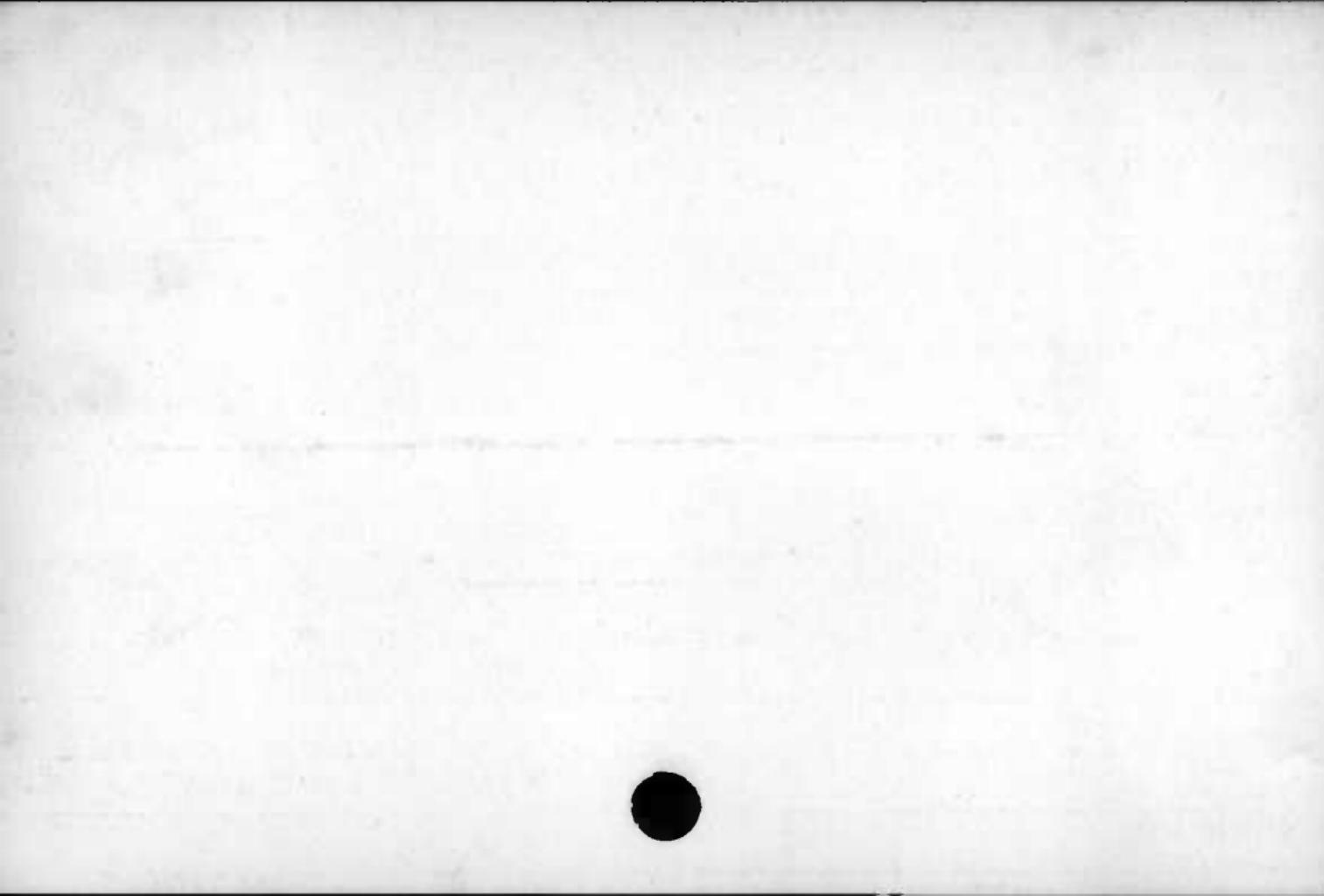
Signature of Physician

Address

G. H. McGaugh M.D.

Bartow -
Md.

Accident or Suicide?



Name
in
Full

Lewis White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

1909

Month

Day

Years

Months

—

Sept

16

Age

22

Days

—

Sex

Male

Color or
Race

White.

Birth-
place

Cumberland

Occupation

R.R. Employee

Where Residing If not
at place of death

Cumberland
Md Ave.

Married, Single
or Widowed

Single.

Name of Wife or
Husband

None

Father's
Birthplace

Va

Father's
Name

A. M. White

Mother's
Birthplace

Va.

Mother's
Maiden Name

Sarah E. Carpenter

How related
to deceased

Father.

Name of person giving
Information

A. M. White

CAUSES OF DEATH

Primary

Typhoid - fever

①

P

Immediate

Perforation & peritonitis

How long

Ten days

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

W. R. Hodges

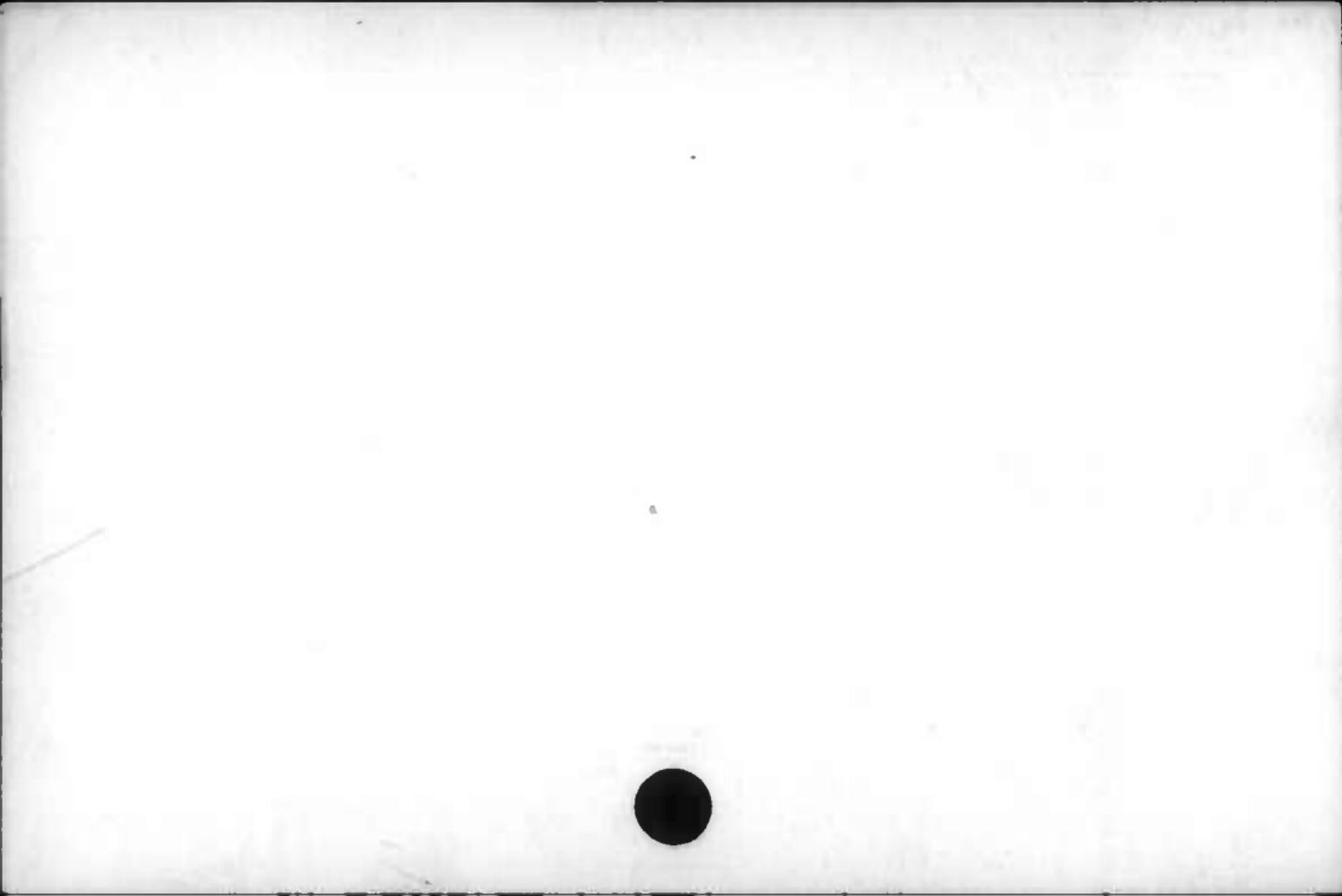
Address

Cumberland, Md

PHYSICIAN
OR CORONER

Stein

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Margaret Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Lonaconing

Allegany

Date
of death

Month

Day

Years

Monthe

Days

1909

Sept

22

Age

2

4

8

Female

Color or
Race

White

Birth-
place

Lonaconing

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Singh

Father's
Name

Thomas Wilson

Father's
Birthplace

Scotland

Mother's
Maiden Name

Margaret Pollock

Mother's
Birthplace

Scotland

Name of person giving
Information

Mrs. Thomas Wilson

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Spinal meningoitis
Exhaustion

61

Immediate

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

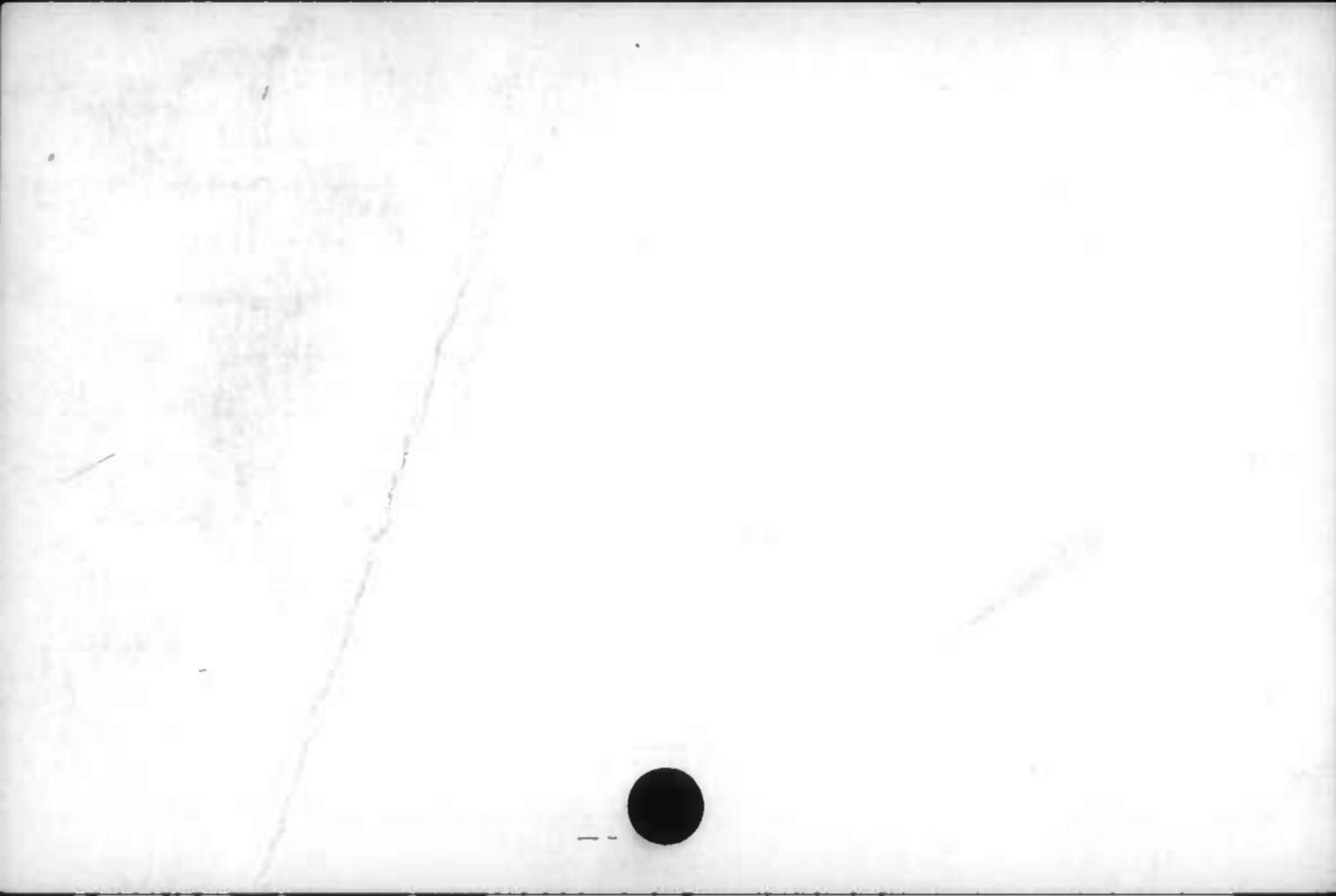
Signature of
Physician

Address

Henry Dr. Hodgson M.D.
Lonaconing, Md

Accident or Suicide

No



Name
in
Full

Ray Wilson,
Cumberland alley.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Date
of death 190

Month

Day

Years

Months

Days

Sept 27

Age 19

6

-

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Student

Where Residing if not
at place of death

Married, Single
or Widowad

Single

Name of Wife or
Husband

None

Father's
Name

Oliver S Wilson

Father's
Birthplace

Flintstone

Mother's
Maiden Name

Emma Fisher

Mother's
Birthplace

Md

Name of person giving
Information

O. S. Wilson

How related
to deceased

Father

CAUSES OF DEATH

1

How long

Primary

Typhoid Fever

4 weeks

Immediate

Incessiveness, sudden collapse

How long

20 minutes

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

H. L. Hodgson

Address

Cumberland Md

Accident or Suicide

